

# Tapio School of Dance & Gymnastics, Inc.

Please check this box if your 2011 - 2012 Registration Form

information is the same as previous years - please fill out all of the sections marked with an \*asterisk

Name\* \_\_\_\_\_ Female/Male Age\* \_\_\_\_\_ Birthdate\* \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Telephone (H)\* \_\_\_\_\_ (C)\* \_\_\_\_\_ (C)\* \_\_\_\_\_

Father\* \_\_\_\_\_ Employment\* \_\_\_\_\_ Ph\* \_\_\_\_\_

Mother\* \_\_\_\_\_ Employment\* \_\_\_\_\_ Ph\* \_\_\_\_\_

Email address (m)\* \_\_\_\_\_ (f)\* \_\_\_\_\_

Emergency contact\* \_\_\_\_\_ Ph\* \_\_\_\_\_

Doctor \_\_\_\_\_ Ph \_\_\_\_\_ Hospital \_\_\_\_\_ Ph \_\_\_\_\_

Health Concerns\* \_\_\_\_\_ Medication\* \_\_\_\_\_

Any previous illness or injury we should be aware of?\* \_\_\_\_\_ If so, What?\* \_\_\_\_\_

Any restrictions?\* \_\_\_\_\_

Release:

I hereby authorize Tapio School of Dance & Gymnastics, Inc. to act for me according to their best judgments in any emergency requiring medical attention and I hereby waive and release Tapio School of Dance & Gymnastics, Inc. its representatives and agents from any and all liability for injury incurred while at class, day camp, field trips, and competition. I understand that the participation in any dance, gymnastics, cheerleading and sports activities involve motion, rotation, and height in a unique environment and as such carries with it risk of injury that may be severe, including fractures, brain injuries, paralysis, or even death. I acknowledge that I have been warned as to these risks. \*(Please initial) \_\_\_\_\_ \*

Insurance Carrier \_\_\_\_\_ Ph \_\_\_\_\_ Policy# \_\_\_\_\_

Photos/Videos may occasionally be taken of class, camp, show, or competition participants. Is Tapio School of Dance & Gymnastics, Inc. free to use such photos/videos in marketing publications without compensation to you?

\*(Please circle & initial) YES \_\_\_\_\_ NO \_\_\_\_\_ \*

By signing this form, I acknowledge that I have read the Studio Requirements and policies regarding our entire dance, gymnastics, cheering class or camp programs, attire, tuition, late fee, refunds, visitor observations, requirements for recitals, shows, and competitions, and agree to enroll my child/children in programs sponsored by Tapio School of Dance & Gymnastics, Inc. I will fulfill all of my obligations to Tapio School of Dance & Gymnastics, Inc., have read and understand the requirements for enrolling my child/children. \*(Please initial) \_\_\_\_\_ \*

Parent Signature (M)\* \_\_\_\_\_ Date\* \_\_\_\_\_

(F)\* \_\_\_\_\_ Date\* \_\_\_\_\_

How did I hear about Tapio's? Please name, they receive a \$5 referral rebate \_\_\_\_\_

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_