



843-884-9579 (Fax) 843-856-4047

Student's Name _____ School _____ Grade _____

Address _____ Zip _____ Phone _____ Birth date _____

Parents' Names _____ Employer _____ Phone _____

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Email addresses _____ and _____

Any previous health concerns and/or restrictions? _____ If so, what? _____

In case of emergency (other than parent) _____ Phone _____

Doctor _____ Phone _____ Hospital _____ Phone _____

Insurance Carrier _____ Policy# _____ Phone _____

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 injuring 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) _____

Photos/Videos may occasionally be taken of class, camp, show, or competition participants. Tapio School of Dance & Gymnastics, Inc. is 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 all of our dance, gymnastics, cheer-tumbling class, camp, and ASPUP programs, attire, tuition, late fee, refunds, visitor observations, requirements for recitals and shows, 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's Signature _____ Date _____

How did I hear about Tapio's? Please name, they receive (a onetime \$10) referral rebate _____

*Please circle: Dance or Gymnastics *Day and time: 1st choice _____ 2nd choice _____ 3rd choice _____

*Eligible persons to pick up your child from Tapio School's programs: if this changes, please advise us immediately!

Name _____ Ph _____ Relationship _____

Name _____ Ph _____ Relationship _____

Name _____ Ph _____ Relationship _____

Name _____ Ph _____ Relationship _____

Name _____ Ph _____ Relationship _____