

Tapio's Musical Theatre Camp

Monday through Friday 9 a.m. until 12 p.m. Boys and Girls ages 5 - 10

July 27 - 31

Activities include: acting, dancing, singing, arts and crafts, ending in a
Friday Production Performance

Name _____ Age _____ Birthdate _____ Grade _____

Address _____ City _____ Zip Code _____ Phone _____

Mother _____ Employment _____ Phone _____

Father _____ Employment _____ Phone _____

Email address _____ Cell _____ Cell _____

Health Concerns? _____ Medications? _____

In case of an emergency, call _____ Phone _____ 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 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) _____

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's Signature _____ Date _____

Do you carry medical insurance? _____ Medical Insurance Carrier _____ Policy Number _____

How did you hear about us? Name _____ please let us know, they'll receive a \$5 rebate!

Summer Admin Fee (May - July) \$35 _____ Camp Fee \$160.00 _____ Registration/payment date _____