

Super Summer Day Camp Registration Form
Sponsored by: Tapio School of Dance & Gymnastics, Inc.
884-9579 Fax 856-4047

Please check the weeks attending

June 1 – 5 _____ June 8 – 12 Closed June 15 – 19 _____ June 22 – 26 _____ June 29 – July 3 _____ July 6 – 10 _____
July 13 – 17 _____ July 20 – 24 _____ July 27 – 31 _____ August 3 – 7 _____ August 10 – 14 _____

Name _____ Birth date _____ Age _____ Grade _____

Address _____ City _____ Zip code _____

Email address _____ Home telephone _____

Mother _____ Employment _____ Telephone _____

Father _____ Employment _____ Telephone _____

Cell number: Mother _____ Father _____ Emergency contact _____

Health concerns: _____ Medication _____ Restrictions? Yes No

Any previous injury or illness the staff should be aware of? Yes No What are they? _____

Medical insurance carrier _____ Policy number _____

How did you hear about Tapio's? Please give names (they receive a \$5 rebate for referrals) _____

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 Signature (M) _____ Date _____

(F) _____ Date _____