

*Tapio School of Dance & Gymnastics, Inc.*  
Registration Form

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

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

Telephone (H) \_\_\_\_\_ Emergency \_\_\_\_\_ Contact \_\_\_\_\_

Father \_\_\_\_\_ Employment \_\_\_\_\_ Ph \_\_\_\_\_ Cell \_\_\_\_\_

Mother \_\_\_\_\_ Employment \_\_\_\_\_ Ph \_\_\_\_\_ Cell \_\_\_\_\_

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.

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

By signing this form, I acknowledge that I have read the Studio Requirements and policies regarding all of our dance, gymnastics, cheering class or camp 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.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

How did I hear about Tapio's? Name \_\_\_\_\_

Registration Date \_\_\_\_\_ Class \_\_\_\_\_ Tuition/mo. Aug-May \_\_\_\_\_

Adm. Fee \$50.00 \_\_\_\_\_ 2<sup>nd</sup> Class \_\_\_\_\_ 3<sup>rd</sup> Class \_\_\_\_\_ Tuition \_\_\_\_\_

Costume/Leotard Fee \_\_\_\_\_ Tickets \_\_\_\_\_ Ad Fee \_\_\_\_\_ Parade Fee \_\_\_\_\_