

Tip Toes and Taps/Gymnastics Now!
452 West Martintown Road
North Augusta, SC 29841
803-278-3841

REGISTRATION FORM
2012-2013 Dance/Gymnastics Year

Please circle all that apply: PRESCHOOL: BALLET/TAP (combined class)

ELEMENTARY: BALLET TAP JAZZ GYMNASTICS

Preferred Day/Time: _____

Student's Name _____

Student's Age: _____ Student's Date of Birth: _____

Street Address: _____

City, State, Zip: _____

Email: _____ Home Phone: _____

I am interested in having my child fitted for and/or ordering dance shoes at Tip Toes and Taps.
(Please check one.) YES NO

Mother's Name: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Does your child have any food allergies? _____

If so, please

list: _____

Does your child have any health or other pertinent concerns? _____

If so, please describe in

detail: _____

IN CASE OF EMERGENCY

Emergency Contact (other than above): _____

Emergency Contact (other than above) _____

Insurance _____ Policy # _____

We, the undersigned registration, parents or legal guardians of the applicant, whose name appears above, recognize that there is a substantial risk of possible catastrophic injury and/or paralysis arising from the applicant's participation in programs at Tip Toes and Taps/Gymnastics Now. Therefore, in considerations of such applicants in the instructional recreational programs of Tip Toes and Taps/Gymnastics Now, we do hereby agree to indemnify and hold harmless the said Tip Toes and Taps/Gymnastics Now, its officers, instructors, employees and representatives from any and all liability, loss or damage. Including reasonable attorney's fees resulting from claims, cause of action, demands, cost of judgment against the said Tip Toes and Taps/Gymnastics Now its officers, instructors and employees without limitations. Any injury, illness, or accident, to such applicants, arising from such applicants participation in any way in any program, course of instruction, or travel with the said Tip Toes and Taps/Gymnastics Now. We further expressly give a member of Tip Toes and Taps/Gymnastics Now staff the power to consent for medical treatment during at emergency situation for health and safety for my child, in the event that I/We can not be immediately contacted.

I HAVE READ AND AGREE TO THE ABOVE LISTED TERMS

Parent/Guardian Signature: _____

Date: _____

Tip Toes and Taps/Gymnastics Now Business Policies

MONTHLY TUITION

Your tuition is due the first of every month, via cash, check, credit card or electronic debit. Any tuition paid after the 10th of the month will be assessed a \$15.00 Late Charge. You will be emailed a monthly statement at that time.

INITIALS: _____

WITHDRAWAL POLICY

In order to withdraw from class, the office must be notified **IN WRITING** two weeks prior to your child's last class. If you **DO NOT** submit this notice you will be charged for every additional class your child's name is on our roster.

INITIALS: _____

FOUR WEEK MONTH POLICY

Our monthly tuition is based on a four-week month. No additional charge is assessed for months that offer 5 classes, or reduced when a month is short due to holidays or closings. We offer makeup classes when we are forced to close because of inclement weather or emergencies. Your bill will not be adjusted.

INITIALS: _____

Tip Toes and Taps/Gymnastics Now! Credit/Debit Authorization Form

By signing below, you authorize Tip Toes and Taps/Gymnastics Now to charge your credit card, and if necessary, initiate adjustments for any transaction processed in error. You will be charged the amount indicated below at each billing period. This authority will remain in effect until Tip Toes and Taps/Gymnastics Now is notified by you IN WRITING to cancel at least 15 days prior to the next billing so that Tip Toes and Taps/Gymnastics Now has a reasonable opportunity to act on it.

Please complete the information below:

I, _____, hereby authorize Tip Toes and Taps/Gymnastics Now to automatically charge my credit card, indicated below, For \$ _____ on the first of each month as payment for my tuition.

Signature: _____

Credit Card
Circle Card: Visa MasterCard
American Express Discover
Card Holder Name: _____
Account #: _____
Exp Date: _____
CVV (3 digit # on back of card): _____
Address where billed, including Zip Code _____ _____
