

Island Dance and Gymnastics  
Summer 2025

Responsible Party (please circle): MOTHER FATHER SELF OTHER: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

Cell: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**STUDENT 1:** Last: \_\_\_\_\_ First: \_\_\_\_\_

Birthdate:        /        /        Grade \_\_\_\_\_ ( M / F / O ) School: \_\_\_\_\_

**STUDENT 2:** Last: \_\_\_\_\_ First: \_\_\_\_\_

Birthdate:        /        /        Grade \_\_\_\_\_ ( M / F / O ) School: \_\_\_\_\_

**STUDENT 3:** Last: \_\_\_\_\_ First: \_\_\_\_\_

Birthdate:        /        /        Grade \_\_\_\_\_ ( M / F / O ) School: \_\_\_\_\_

Additional Contact Info:

(Please circle) MOTHER FATHER SELF OTHER \_\_\_\_\_

Name: \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

EMERGENCY CONTACT: Relationship to student: \_\_\_\_\_

Name: \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ Phone: \_\_\_\_\_

Pertinent Medical Information: \_\_\_\_\_

**My signature below indicates that I have read and agree to the Statement of Understanding available at the studio and online.**

**Student/Parent/Guardian**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Island Dance and  
Gymnastics Registration  
Summer 2025

Student Names: \_\_\_\_\_

List classes, in order by student name.

|    | Student | Class | Day | Time |
|----|---------|-------|-----|------|
| 1  |         |       |     |      |
| 2  |         |       |     |      |
| 3  |         |       |     |      |
| 4  |         |       |     |      |
| 5  |         |       |     |      |
| 6  |         |       |     |      |
| 7  |         |       |     |      |
| 8  |         |       |     |      |
| 9  |         |       |     |      |
| 10 |         |       |     |      |
| 11 |         |       |     |      |
| 12 |         |       |     |      |

**\*\*Tuition and Registration fee is due at time of registration and is the only way to guarantee placement in class(s)\*\*.**

Signature: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Card # \_\_\_\_\_ V-Code: \_\_\_\_\_ Expiration: \_\_\_\_\_

.....  
For office use only M T W Th F S Month: \_\_\_\_\_

Hours per Week \_\_\_\_\_ 4 Weeks \_\_\_\_\_ Monthly Cost \_\_\_\_\_ Correction for Days \_\_\_\_\_

Registration \_\_\_\_\_ (\$30 for 1, \$25 each additional) Final Cost \_\_\_\_\_ (for month of reg).