

Island Dance and Gymnastics  
Registration 2024-2025

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 ) School: \_\_\_\_\_

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

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

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

Birthdate:        /        /        Grade \_\_\_\_\_ ( M / F ) 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:** \_\_\_\_\_

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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				

**Recital Deposit (Dance): \$50.00 per account, for 2 tickets.**

**Recital Deposit (Gym Presentation): \$40.00 per account, for 2 tickets.**

**This fee is due at time of registration, now till June 2025. Deposits are non-refundable.**

(Please Initial) I acknowledge I will be charged the recital deposit fee now \_\_\_\_\_.

(Please Initial) I have read and accept the statement of understanding \_\_\_\_\_.

(Please Initial) \_\_\_\_\_ I would like to set up RECURRING CREDIT CARD payments. I authorize Island Dance to charge my credit card each month, September - June, for monthly tuition and other charges incurred during the month. I understand that in order to cancel this recurring payment, I will need to do so in writing via email. I understand that any balances remaining on my account will be charged the following month, when recurring payments are processed, whether I have an active account or not. In order to withdraw from classes, my account must current.

**\*\*Tuition and Registration fee (\$30 first student and \$25 for each additional), 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).