



CELL# _____

E-MAIL: _____

REGISTRATION INFORMATION FOR STUDENT (PLEASE PRINT)

STUDENT'S FIRST NAME: _____ LAST NAME: _____

MALE/FEMALE: _____ STUDENT'S DATE OF BIRTH: _____

STUDENT'S SCHOOL: _____ TODAY'S DATE: _____

PARENT/GUARDIAN INFORMATION

(MR./MS): _____ FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE & ZIP CODE: _____

HOME PHONE: _____

FATHERS FULL NAME: _____ CELL #: _____

MOTHER'S FULL NAME: _____ CELL #: _____

DOCTOR'S NAME: _____ PHONE: _____

EMERGENCY CONTACT'S NAME: _____ PHONE: _____

PLEASE LIST ANY HEALTH CONCERNS OR LIMITATIONS (ALLERGIES, INJURIES, ETC.), OR OTHER SPECIAL CIRCUMSTANCES THAT WE SHOULD BE AWARE OF FOR THIS STUDENT: _____

GYMNASTICS CLASS REGISTRATION

SESSION #1: _____ SESSION #2: _____ OTHER: _____

CLASS LEVEL: _____

DAYS: _____ TIMES: _____

2ND CHOICE/ REQUEST: _____

INSURANCE STATEMENT AND WAIVER OF CLAIM

I AFFIRM THAT THE ABOVE IDENTIFIED STUDENT IS COVERED BY MEDICAL INSURANCE. IN CONSIDERATION OF MY CHILD'S ACCEPTANCE IN ANY CLASS, I INTENDING TO BE LEGALLY BOUND, FOR MYSELF, MY CHILD, AND OUR SUCCESSORS AND ASSIGNS, HEREBY WAIVE AND RELEASE ANY AND ALL RIGHT AND/OR CLAIM FOR DAMAGES WHICH I, MY CHILD, AND OUR SUCCESSORS, AND ASSIGNS MAY HAVE AGAINST GYMNASTI TEACHING CENTER FOR GYMNASTICS, INC. AND ITS OFFICERS, EMPLOYEES AND AGENTS FOR ANY LOSSES AND/OR INJURIES WHICH MAY BE SUSTAINED AND/OR SUFFERED BY ME OR MY CHILD IN CONNECTION WITH CLASSES, OPEN GYMS, BIRTHDAY PARTIES OR ANY ACTIVITY IN CONNECTION WITH MY/OUR ASSOCIATION OR ENROLLMENT AT GYMNASTI TEACHING CENTER FOR GYMNASTICS, INC.

PARENT/GUARDIAN NAME (PLEASE PRINT): _____

SIGNATURE: _____ DATE: _____

REGISTRATION FEE: _____

REGISTRATION MONTH: _____

SESSION TUITION: _____

MONTHLY TOTAL: _____

TOTAL NOW DUE: _____

PAYMENT/CHECK# OR VISA # _____