

REGISTRATION FORM



Building Hearts of Champions

STUDENT #1 LAST NAME _____ FIRST NAME _____

STUDENT #2 LAST NAME _____ FIRST NAME _____

STUDENT #3 LAST NAME _____ FIRST NAME _____

HOME PHONE () _____ CELL/OTHER PHONE () _____ EMAIL _____

EMAIL PREFERENCE: GymJam News/Events FitBody Boot Camp News/Events

BIRTHDATE Student #1 _____ AGE _____ SEX: FEMALE/MALE (CIRCLE ONE)

BIRTHDATE Student #2 _____ AGE _____ SEX: FEMALE/MALE (CIRCLE ONE)

BIRTHDATE Student #3 _____ AGE _____ SEX: FEMALE/MALE (CIRCLE ONE)

ADDRESS _____ CITY _____ ZIP _____

MOTHER'S LAST NAME _____ FIRST NAME _____

FATHER'S LAST NAME _____ FIRST NAME _____

HOW DID YOU HEAR ABOUT GYMJAM? _____

PREVIOUS GYMNASTICS EXPERIENCE Student #1 _____

Student #2 _____ Student #3 _____

EMERGENCY INFORMATION

NON-PARENT EMERGENCY CONTACT _____ PHONE () _____

FATHER'S EMPLOYER _____ PHONE () _____

MOTHER'S EMPLOYER _____ PHONE () _____

PHYSICIAN _____ PHONE () _____

DENTIST _____ PHONE () _____

ALL STUDENTS MUST HAVE THEIR OWN ACCIDENT/HEALTH INSURANCE COVERAGE

ACCIDENT/HEALTH INSURANCE CO. _____ PHONE _____

SUBSCRIBER'S NAME _____ POLICY # _____ GROUP # _____

LIST ANY PERTINENT MEDICAL CONDITIONS OR MEDICATIONS _____

PLEASE READ AND SIGN THE BACK!

Office	Student #1 CLASS _____	DAY _____	TIME _____	COACH _____	shirt size _____
Use	Student #2 CLASS _____	DAY _____	TIME _____	COACH _____	shirt size _____
Only	Student #3 CLASS _____	DAY _____	TIME _____	COACH _____	shirt size _____