

REGISTRATION FORM



Building Hearts of Champions

Registr/Ins Fee: _____
1ST Student's Tuition: _____
2nd Student's Tuition: _____
3rd Student's Tuition: _____
Other discounts: _____
TOTAL: _____
Payment: Cash/Check/Debit/V/MC
Check #: _____ Rec'd By _____

DATE: _____

STUDENT #1 LAST NAME _____ FIRST NAME _____

STUDENT #2 LAST NAME _____ FIRST NAME _____

STUDENT #3 LAST NAME _____ FIRST NAME _____

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

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 () _____

DENTITST _____ 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