

# First Class Gymnastics Annual Registration

Student's Name: \_\_\_\_\_ M/F DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Second Child: \_\_\_\_\_ M/F DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Father/Guardian: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency contact (other than parent/guardian): \_\_\_\_\_

Relation to student: \_\_\_\_\_

Physician: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

**\*\*Please list any medical conditions that we should be aware**

**of:** \_\_\_\_\_

How did you hear of First Class Gymnastics? \_\_\_\_\_

Referred by: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

I release First Class Gymnastics, its owners, directors and staff from any and all responsibility due to accident or injury sustained during participation. I am aware that in gymnastics, as in any sport involving height & motion, the possibility of serious injury is present. The student(s) named above has my full consent to participate in any First Class Gymnastics activity.

Parent/Guardian Signature: X \_\_\_\_\_

**\$25.00 REGISTRATION FEE PER STUDENT IS DUE WITH THIS FORM TO RESERVE EACH STUDENT'S PLACE IN THE CLASS  
NO REFUNDS (\$10 for each additional child).**

**Payment is due on first of the month. There will be a \$10.00 late fee if not paid by the 2<sup>nd</sup> Monday of the month (effective 9/09).**