



# REGISTRATION FORM

## GYMNAST(S) INFORMATION:

GYMNAST NAME (first & last): \_\_\_\_\_

DOB: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

GYMNAST NAME (first & last): \_\_\_\_\_

DOB: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

GYMNAST NAME (first & last): \_\_\_\_\_

DOB: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

## PARENTS INFORMATION:

Mother / Legal Guardian: \_\_\_\_\_

(cell) \_\_\_\_\_ (work) \_\_\_\_\_

Father / Legal Guardian: \_\_\_\_\_

(cell) \_\_\_\_\_ (work) \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, ZIP** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

## EMERGENCY CONTACTS:

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE: \_\_\_\_\_

In the event that either parents are unable to be reached, the emergency contact people provided have my permission to (Please INITIAL all that apply)

\_\_\_\_\_ transport my child

\_\_\_\_\_ decide on medical attention