

Incline Gymnastics Training Center Annual Registration Form



Annual Registration Fee: \$35/student; maximum \$50/family

Home Phone: _____

Mother

_____ *First Name* _____ *Last Name* _____ *Cell Number* _____ *Work Number*

Father

(or other guardian)

_____ *First Name* _____ *Last Name* _____ *Cell Number* _____ *Work Number*

Emergency Contact

_____ *Phone Number* _____ *Name*

(please list a friend or relative who could be reached in an emergency if parent can't be reached)

Residence Address (parent or guardian)

Second Address

(if different from residence)

(check all that apply)

billing *parent*

_____ *First Name* _____ *Last Name*

_____ *First Name* _____ *Last Name*

_____ *Street Address*

_____ *Street Address*

_____ *City* _____ *State* _____ *Zip Code*

_____ *City* _____ *State* _____ *Zip Code*

e-mail address

(parent or guardian) _____ *Mother*

_____ *Father*

Student Information

Student 1

_____ *First Name* _____ *Last Name* _____ *Birth Date* _____ *M/F*

Class Preferences

_____ *1st choice (day, time, class)* _____ *2nd choice (day, time, class)*

Student 2

_____ *First Name* _____ *Last Name* _____ *Birth Date* _____ *M/F*

Class Preferences

_____ *1st choice (day, time, class)* _____ *2nd choice (day, time, class)*

None

On the reverse side, please list any physical and/or social conditions which may affect your child's performance in class (please list any significant past injuries, allergies, weight problems or other concerns)

see reverse

How did you hear about us?

Referred by _____ Yellow Pages DC Youth Guide Drive By
 Birthday Party Newspaper Web Site Other _____

(Parent also agrees to sign Release and Waiver of Liability form and to agree to terms of Tuition and Attendance Policy)

_____ *Signature* _____ *Date*