



EASLEY GYMNASTICS TRAINING CENTER
REGISTRATION/CONSENT FORM SUMMER 2018

Mother/Female Guardian:	Phone:		
Father/ Male Guardian:	Phone:		
Address:	City:	State:	Zip:
Email Address:			

Child #1 Name:	(circle) M / F	Birth Date:	Age:
Child #2 Name:	(circle) M / F	Birth Date:	Age:
Child #3 Name:	(circle) M / F	Birth Date:	Age:

OTHERS WHO HAVE PERMISSION TO PICK UP MY CHILD

NAME:	Relationship:	Phone:
NAME:	Relationship:	Phone:

THERE ARE NO MAKE UP CLASSES FOR OUR SUMMER PROGRAM.



DO NOT WRITE IN THIS BOX – OFFICE USE ONLY

\$25 Deposit Fee Paid:	Cash/Credit/Check	Date:	
Child #1 Name:	Class:	Day:	Time:
Child #2 Name	Class:	Day:	Time:
Child #3 Name	Class:	Day:	Time:

A \$25 non refundable deposit is due at sign up for the 6 week summer program. The balance is due on the first day of class.

CLINICS REGISTERED FOR:

FLOOR _____

BARS _____