

2019 - 2020
**Registration
Form**



Student Information
(one form for each student)

Student's Name _____ Age _____

Date and Year of Birth _____ Grade ____ School & District _____ / _____

Parent/ Guardian Names _____

Phone Numbers for Parents/Gaurdians (Circle preferred number) Home # _____

Cell #1 _____ Cell #2 _____
(for use during class time)

Mailing Address _____ City _____ State _____ Zip _____

Parent/ Guardian Contact Email (for communications) _____

Emergency Name/ Number _____
(if parents cannot be reached)

Previous Gymnastics / Dance Training (School/ # of years) _____

List any injury, medical condition, behavioral condition, allergy (including food allergies) or other condition that the instructors and staff should be aware of:

* Students with Down Syndrome must also have doctor permission, after a neck x-ray, on file at Gemini to participate in Gymnastics or Tumbling. *

Class	Day	Time	Check Here

To Register for Classes please return this complete form, along with the waiver & release of liability, to the office with a \$20 registration fee or \$30/family.