



33 Tupelo Avenue
Fort Walton Beach 32548
850-728-4143
www.oceancitygymnastics.com

1. How did you hear about Ocean City Gymnastics?

2. a. Student's Name _____ Sex _____

Date of Birth ____/____/____

Class _____ Day/ Time of Class _____

b. Student's Name _____ Sex _____

Date of Birth ____/____/____

Class _____ Day/ Time of Class _____

c. Student's Name _____ Sex _____

Date of Birth ____/____/____

Class _____ Day/ Time of Class _____

3. Address _____ City _____

State _____ Zip _____ Email _____

Mother/Guardian _____

Contact Phone # _____ Work _____ Cell _____

Father/Guardian _____

Contact Phone # _____ Work _____ Cell _____

Emergency Contact (other than parent)
_____ Phone# _____

4. Medical Insurance Provider _____

Allergies _____

Known Medical Conditions _____ Previous injuries/illnesses _____

By signing this document and liability waiver, you have authorized Ocean City Gymnastics LLC to act on your behalf, in the event of a medical emergency. Should it be deemed necessary, which hospital or doctor would you prefer us to use?

Doctor _____ Phone _____

Hospital _____

5. I understand that my tuition will be \$ _____, based upon the classes above. Returned check fee is \$30. I agree to pay the 1st month's tuition in full or prorated rate and my monthly payment on the 25th of each month. A \$50/\$85 Annual Registration Fee will also be paid and is renewable a year from the date of enrollment. I agree to abide by the policies and procedures of Ocean City Gymnastics and understand that Ocean City Gymnastics reserves the right to change them at any time.

Person responsible for charges _____

Sign _____ Date _____

Print Name _____

PLEASE READ AND SIGN THE LIABILITY WAIVER AND MEDIA WAIVER ON THE BACK OF THIS FORM.