**Star Gymnastics Enrollment Form**

**Participates Name:**

**Age:**  **DOB:**

**Caregiver Information:**

Primary Caregivers Name: Secondary Caregivers Name:

Primary Caregivers Phone # Secondary Caregivers Phone #

Email: Email:

Relationship to Athlete Relationship to Athlete

**Emergency Contact:**

Name

Phone #

**Allergies:**

**Medications:**

Tell us a little bit about your athlete

Have they had any previous gymnastics or dance?

If yes, Where? When?

What do you or your athlete wish to gain from your participation at Star Gymnastics?

Star Gymnastics uses social media to promote events, do we have permission to use your athletes’ picture? Caregivers signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class Schedule

18months – 4-year-old 10am-10:45am

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4–7-year-olds -Saturdays 11:15am – 12:15pm

Advanced gymnasts Wednesdays 6pm-7pm

6–14-year-olds -Thursdays 6:00pm-7:00pm

Contact information

Christine Morgan 217-417-1828

[Stargymnastics01@gmail.com](mailto:Stargymnastics01@gmail.com)

Please join the Facebook page, I provide a lot of information there.

The New Star Gymnastics - look for our logo! 

I am so excited to have you and your athlete(s) join the Star Family!!

Welcome!

Ms. Christine

\*Please keep this page for your reference\*