



ANNUAL REGISTRATION FORM
\$50.00 REGISTRATION FEE

GENDER ATHLETE FIRST NAME ATHLETE LAST NAME

EMAIL ADDRESS FOR BILLING DATE OF BIRTH (DD/MM/YYYY) AGE GRADE

ADDRESS

MOTHERS NAME MOTHERS CELL

FATHERS NAME FATHERS CELL

EMERGENCY CONTACT NAME PHONE NUMBER

INSURANCE INFORMATION

COMPANY NAME NAME OF INSURED

GROUP NUMBER POLICY NUMBER

DO YOU PARTICIPATE IN ANY EXTRACARRICULAR ACTIVITIES? YES NO
If yes, please list conflicting dates.

MEDICAL CONDITIONS/ ALLERGIES

CURRENT LEVEL OF TUMBLING: 1 2 3 4 5 6

PLEASE CHECK WHICH CLASS YOUR ATHLETE WILL PARTICIPATE IN:

- TUMBLING: \$75/ MONTH (1 HOUR WEEKLY)
FUNDAMENTALS: \$300 (12 WEEK COURSE)
STRETCH CLASS: \$60/ MONTH (2) 45 MINUTE CLASSES WEEKLY
JUMP CLASS: \$50/ MONTH (45 MINUTES WEEKLY)

- I WOULD LIKE TO BE BILLED MONTHLY
I WOULD LIKE TO BE AUTODRAFTED MONTHLY