

Please fill in all the below information on this form. If you don't know which class is best suited for your child, you may leave it blank and we will contact you for which one we feel will be the right fit!

## CLUB INFORMATION

### DATE OF REGISTRATION

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
M	M		D	D		Y	Y

Class I wish to register for:

I give permission for pictures taken of my gymnast to be used on our club website/social media and other advertising sources:  Yes  No

How did you hear about our club?

## GYMNAST INFORMATION

Gymnast Name :

Date of Birth : 

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
M	M		D	D		Y	Y

 Care Card Number:

Address:

Parent/Guardian Name:  Parent/Guardian Phone Number:

Parent/Guardian Name:  Parent/Guardian Phone Number:

Main E-Mail:  Additional E-Mail:

## EMERGENCY CONTACT INFORMATION (This person can not be a parent/guardian)

Contact Name:  Contact Phone Number:

Relationship to the Gymnast:

## MEDICAL INFORMATION

Is your child's health and present in good condition?  Yes  No

If no, please list all health concerns the coach should be aware of. Please include any food allergies

Does your child have any pending diagnosis? (Ex: Autism, ADHD, etc)  Yes  No

If yes, please provide information regarding diagnosis and other helpful information about your child: