

# Illusions 2023/2024 Registration Form

<b>Class:</b>	
<b>Gymnast Name:</b>	
<b>Date of Birth (mm/dd/yyyy)</b>	
<b>Care Card Number:</b>	
<b>Mailing Address:</b>	
<b>Guardian Name &amp; Phone Number:</b>	
<b>Guardian Name &amp; Phone Number:</b>	
<b>Main Email:</b>	
<b>Additional Email:</b>	
<b>Emergency Contact: (Name and Relationship)</b>	
<b>Emergency Contact Phone Number:</b>	
<b>Is your child's health and present condition good? Yes or No</b>	
<b>If no, please list all health concerns the coach should be aware of. Please include any food allergies:</b>	
<b>Does your child have a diagnosis or pending diagnosis we should be aware of? (Ex: Autism, ADHD, etc) Yes or No</b>	
<b>If yes, please provide information regarding diagnosis and other helpful information about your child:</b>	
<b>How did you hear about our club?</b>	
<b>I give permission for pictures taken of my gymnast to be used on our club websites/social media and other advertising sources: Yes or No</b>	
<b>Parent Signature:</b>	