



# *Pacific Stars Rhythmic Academy*

## **Registration Form**

### **GYMNAST INFORMATION**

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

### **PARENT INFORMATION**

Mother/Legal Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Father/Legal Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### **EMERGENCY INFORMATION**

**If we cannot reach the parent/legal guardian above number in an emergency, we will contact the person(s) below in order of appearance:**

1) Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2) Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### **PICK UP INFORMATION**

**If anyone other than parent/legal guardian will pick up children above, please list the names of people authorized to do so:**

1) Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2) Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_