

# MR. TODD'S GYMNASTICS

## REGISTRATION FORM

DATE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ M \_\_\_ F \_\_\_

BIRTHDAY: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PARENT #1: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

WORKPLACE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

PARENT #2: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

WORKPLACE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

NAMES OF PEOPLE PERMITTED TO PICK UP YOUR CHILD

EMERGENCY CONTACT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CHILD'S DOCTOR: \_\_\_\_\_ PHONE #: \_\_\_\_\_

INSURANCE CARRIER: \_\_\_\_\_

DOES CHILD HAVE ANY ALLERGIES OR HANDICAPS? YES \_\_\_ NO \_\_\_

IF "YES" PLEASE EXPLAIN IN DETAIL \_\_\_\_\_

LAST PHYSICAL DATE? \_\_\_\_\_ WHERE? \_\_\_\_\_

DOES CHILD HAVE ANY PAST GYMNASTICS EXPERIENCE? YES \_\_\_ NO \_\_\_ IF YES, YEARS? \_\_\_\_\_

WHERE? \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

CLASS NAME \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_