

# MR. TODD'S GYMNASTICS

## REGISTRATION FORM

1/20/14

DATE: \_\_\_\_\_ E-MAIL \_\_\_\_\_

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

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

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

MOTHER'S NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_

WORK PLACE \_\_\_\_\_ PHONE# \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_

WORK PLACE \_\_\_\_\_ PHONE# \_\_\_\_\_

NAMES OF PEOPLE PERMITTED TO PICK CHILD UP \_\_\_\_\_

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EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

CHILDS DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

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

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

IF "YES" PLEASE EXPLAIN \_\_\_\_\_

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

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DOES CHILD HAVE ANY PAST GYMNASTIC'S EXPERIENCE? YES \_\_\_ NO \_\_\_

YEARS? \_\_\_\_\_ WHERE? \_\_\_\_\_

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

WERE YOU REFERRED BY SOMEONE WHO COMES TO OUR GYM? Y \_\_\_ N \_\_\_

IF YES, WHO? \_\_\_\_\_

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

RADIO STATION YOU LISTEN TO? \_\_\_\_\_

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