

# GYMNASTICS & TUMBLING ENROLLMENT FORM

NAME OF STUDENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

Home Phone ( \_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_ ) \_\_\_\_\_

Cell Phone-Mom ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone Dad ( \_\_\_\_ ) \_\_\_\_\_

PARENTS NAME: MOM \_\_\_\_\_ DAD \_\_\_\_\_

WAIVER: By taking part in this gymnastics, tumbling, or dance program, I hereby waive all claims for injury, accident or liability of any kind against the owner or instructors.

\*SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

Date: \_\_\_\_\_

\*\*Any information (hearing impairment, learning disability, emotional problems, etc.) concerning your child that would help us in our instruction would be greatly appreciated.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Training \_\_\_\_\_ If Yes, location \_\_\_\_\_

CHILD'S CLASS DAY \_\_\_\_\_ TIME \_\_\_\_\_

Pre-School Name \_\_\_\_\_

Or

Grade School Name \_\_\_\_\_