



Family Name: _____

Family Information

Address		
City	Zip	Home Phone Number
E-mail	() - () -	
Mother's Name	Work Number	Mobile Number
Father's Name	Work Number	Mobile Number

Emergency Information

Contact Name (person to call if parents cannot be reached)	() -	Contact's Phone Number
Doctor's Name	() -	Doctor's Phone Number

Student(s) Information

Name	Birthday	Sex

Class Information

<input type="checkbox"/> Tiny-Tots	<input type="checkbox"/> Tues.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> 3:30	<input type="checkbox"/> 4:30	<input type="checkbox"/> 5:30	<input type="checkbox"/> 6:30
<input type="checkbox"/> Beginner Classes	<input type="checkbox"/> Tues.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> 3:45	<input type="checkbox"/> 4:45	<input type="checkbox"/> 5:45	<input type="checkbox"/> 6:45
<input type="checkbox"/> Pre-Team						
<input type="checkbox"/> Team						

Comments

CONSENT WAIVER - ;I, the undersigned parent or guardian of the above student, do hereby grant the staff of Gulf Coast Gymnastics, LLC., the authority to render a judgment concerning medical assistance in the event of an accident or illness during my absence.

LIABILITY WAIVER - ; I hold Gulf Coast Gymnastics, LLC., its teachers, staff, and school harmless for any and all injuries arising out of participation in any and all classes or meets away from or at the school.

Signature of Parent or Guardian _____ Date _____