Parent Name(s):					
Address:					
City:		_State:_		Zip:	*/////
Primary #:	Secondary #:			Work	#:
Email Address:			1	The state of the s	
Emergency Contact Pe	rson:	X.		Phone #:_	
Student Information					
Child Name:		M/F	DOB		Age:
Child Name:		M/F	DOB_	1111	Age:
Child Name:		M/F	DOB_		Age:
	quired (significant past injuries, allergies, fe				
realize that my child(ren) is vill be taken to prevent accid iis/her participation in class, idvised to not participate by	cics: Registration Form/Acc /are willfully participating at Gym- ents and will not hold academy aut open gym, etc., alongside my child a qualified medical professional an pation at Gym-Ken Gymnastics.	(en Gymna: thorities re l(ren). I ce	stics, Inc sponsibl rtify tha	c. I understand le for any inju	d that all precautions ry resulting from h) has/have not been
Parent/Guardian Signature	9:			Date Signed	
Parent/Guardian Printed N	lame:				
Please Initial the following	items:				
of a session, you a first paymnent mu	re the first class of each session. In the obligated to pay for the entire is be paid before the first class. If the the first full week.	session. If	vou are	enrolled in ou	r installment plan, the

Class Make-Up: Students who are enrolled and current on tuition may schedule 2 make-up classes per 10

Please notify office before the start of the next session if you do not wish to continue to the next session. To do this, please fill out the Session Drop Form and return to office no later than week 9.

week session.