Negistration Form
STUDENT INFORMATION (PLEASE PRINT)
LAST NAME FIRST NAME
Birth Date
Serious Injuries If "Yes" Please describe:
Any disabilities If "Yes" Please describe:
Last medical exam: April Day Year Results:
RESPONSIBLE PARTY INFORMATION
Mother: Last Name Last Name First Name
Father: Last Name First Name
Home phone: Mobil Phone: Mobil Phone:
Address:
City: State Zip Zip Zip
Emergency Contact: Name Phone
E-Mail:
How did you hear about Lana's Gymnastics Club?
© Friends:
PLEASE, DO NOT WRITE IN THIS BOX Day Attending: SUN MON TUE WED THU Program: PRSCL GB BB GP BT PTM TM DNC TKWD ARTS Time:
Date: Paid: \$ Due: \$ Cash Check # Money Order Credit Card Visa Macter Card Name:
Rate: Discount: Reason: Credit Card: Visa Master Card Name: