

2011-2012 Eagle Gymnastics Registration Form

Name of Student _____ M or F Age _____
Address _____ Date of Birth _____
City/Town _____ Zip Code _____ Home Phone _____
Father's Name _____ Cell Phone _____
Mother's Name _____ Cell Phone _____
E-mail _____ Class or Level _____
Mark Class Days M T W TH F S Class Time _____

2011-2012 Emergency Information

Does your child have any physical limitations: _____

Please list any prescribed medications your child is taking: _____

Person to contact in an emergency (other than parent):

_____ Emergency Phone: _____

At Eagle Gymnastics safety of the gymnast is always the first and most important consideration. However, participating in the sport of gymnastics involves motion, rotation, and height in a unique environment, and as such carries with it a risk of serious injury.

Parent/Guardian signature: _____ Date _____