



Level _____
Class day/time _____
2nd choice class day/time _____
Registration fee: \$ _____ + _____

Student name: _____

Date of Birth: _____ Age: _____ Years in gymnastics: _____

Address: _____

Town, State, Zip: _____

Parents/Guardians names: _____

Home phone: _____ Cell phone: _____

E-mail address: _____
(We use this for sending out newsletters and announcements)

How did you hear about us: _____

MEDICAL INFORMATION:

Past Injuries: _____ Current Medications: _____

Allergies: _____ Medical Conditions: _____

Other medical information that we should know:

EMERGENCY CONTACTS: If parents/guardians listed above are unable to be reached, who may we call in the case of an emergency?

Name	Relationship to child	Number to call
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_____	_____	_____
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I have read and understand the Gym Hutt policies & procedures regarding liabilities, equipment and safety rules, and I also agree to the payment policies. I authorize Gym Hutt to use photo/video images of me and/or my child, both with and without name identification (ex: Sara F.) for Gym Hutt publicity, promotional and advertising purposes including on their web site. I also authorize Gym Hutt staff to seek medical treatment at the nearest medical facility in case of emergency.

Signature _____ Date _____
(Parent/Guardian)