



Level _____

Class day/time _____

2nd choice class day/time _____

Fall Registration fee: \$50.00 + _____

(\$12.50 Summer)

Student name: _____

Date of Birth: _____ Age: _____ Male / Female _____

Address: _____

Town, State, Zip: _____

Parent/Guardian name and phone number _____

Parent/Guardian name and phone number _____

E-mail address: _____

(We use this for sending out class cancellations, newsletters and announcements)

How did you hear about us: _____

MEDICAL INFORMATION:

Past Injuries: _____ Current Medications: _____

Allergies: _____ Medical Conditions: _____

Other information or diagnosis information that would help us to teach your child (ex: ADHD, autism spectrum, etc.)

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
_____	_____	_____
_____	_____	_____

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)

OVER