LANA'S GYMNASTICS CLUB, Inc.

Registration Form

STUDENT INFORMATION (PLEASE PRINT)

LAST NAME _____ FIRST NAME _____

Birth Date ____ ____ ____ Age: ____ Sex: ____ School: _____

MONTH DAY YEAR

Serious Injuries ____ If "Yes" Please describe: _____

Any disabilities ____ If "Yes" Please describe: _____

Last medical exam: ____ ____ ____ Results:_____

MONTH DAY YEAR

RESPONSIBLE PARTY INFORMATION

Mother: _____ _____

Last Name First Name

Father: _____ _____

Last Name First Name

Home phone: ___-___-____ Business phone: ___-___-____

Address: _____ Apt. _____

City: _____ State____ Zip _____-____

Emergency Contact: _____ ___-___-____

Name Phone

How did you hear about Lana's Gymnastics?

◎ Friends: _____ ◎ Newspapers_____ ◎ Flyers ◎ Sign ◎ Open House ◎ Camp ◎ Yellow Page

PLEASE, DO NOT WRITE IN THIS BOX

Day Attending: SUN MON TUE WED THU

Time: _____ _____ _____ _____ _____

_____ _____ _____ _____ _____

Session : _____

Program: PRSCL GB BB GP BT PTM TM ____
DNC TKWD MSC

Rate : _____ Discount: _____ % Reason: _____