

**REGISTRATION FORM**



*Building Hearts of Champions*

STUDENT #1 LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

STUDENT #2 LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

STUDENT #3 LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ CELL/OTHER PHONE ( ) \_\_\_\_\_ EMAIL \_\_\_\_\_

EMAIL PREFERENCE:  GymJam News/Events  FitBody Boot Camp News/Events

BIRTHDATE Student #1 \_\_\_\_\_ AGE \_\_\_\_\_ SEX: FEMALE/MALE (CIRCLE ONE)

BIRTHDATE Student #2 \_\_\_\_\_ AGE \_\_\_\_\_ SEX: FEMALE/MALE (CIRCLE ONE)

BIRTHDATE Student #3 \_\_\_\_\_ AGE \_\_\_\_\_ SEX: FEMALE/MALE (CIRCLE ONE)

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

MOTHER'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

FATHER'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

HOW DID YOU HEAR ABOUT GYMJAM? \_\_\_\_\_

PREVIOUS GYMNASTICS EXPERIENCE Student #1 \_\_\_\_\_

Student #2 \_\_\_\_\_ Student #3 \_\_\_\_\_

**EMERGENCY INFORMATION**

NON-PARENT EMERGENCY CONTACT \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

FATHER'S EMPLOYER \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

MOTHER'S EMPLOYER \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

DENTIST \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

***ALL STUDENTS MUST HAVE THEIR OWN ACCIDENT/HEALTH INSURANCE COVERAGE***

ACCIDENT/HEALTH INSURANCE CO. \_\_\_\_\_ PHONE \_\_\_\_\_

SUBSCRIBER'S NAME \_\_\_\_\_ POLICY # \_\_\_\_\_ GROUP # \_\_\_\_\_

LIST ANY PERTINENT MEDICAL CONDITIONS OR MEDICATIONS \_\_\_\_\_

**PLEASE READ AND SIGN THE BACK!**

Office	Student #1 CLASS _____	DAY _____	TIME _____	COACH _____	shirt size _____
Use	Student #2 CLASS _____	DAY _____	TIME _____	COACH _____	shirt size _____
Only	Student #3 CLASS _____	DAY _____	TIME _____	COACH _____	shirt size _____