

Heidi's Gymnastics Registration Form

Gymnast Name _____ Sex _____ Age _____ Birthdate _____ Family Doctor _____

1. _____

Any Physical Handicaps or Limitations?

2. _____

3. _____

STUDENT CLASS SCHEDULE

DAY(S)

TIME(S)

1. _____

2. _____

3. _____

IN CASE OF EMERGENCY PLEASE GIVE NAME
AND PHONE NUMBER OF A PERSON TO CONTACT
IF PARENT CANNOT BE REACHED.

NAME _____

PHONE # _____

PARENT'S SIGNATURE

FATHER'S NAME _____

DATE _____

MOTHER'S NAME _____

ADDRESS _____

HOME PHONE _____

EMAIL/FACEBOOK ADDRESS

HOW DID YOU HEAR ABOUT US? _____

PLEASE GO TO www.heidsgymnastics.com and look for the Facebook link on the lower left hand of the page. Please become a fan and follow us on Facebook and twitter for the latest information

PAYMENT MUST BE RECEIVED BEFORE CLASS