

Registration /Information Sheet

Gymnast's Name _____

Class preference (day and time) _____

Home Phone _____

Mom's Work #'s _____ Mom's cell _____

Dad's Work #'s _____ Dad's cell _____

Birth date _____

Parent's Names _____ E-mail address _____

Home address _____

City _____ zip _____

Doctor's Name _____ Doctor's Phone _____

Emergency Contact (if no cell phone!) _____

phone _____

Relationship to gymnast _____

List any medical problems, emergency treatments, special instructions regarding your child's health:

I do hereby give my permission and/or consent to Jacobs Gymnastics to secure and authorize such medical care and/or treatment for my child, _____ as might be required, in case of emergency. I also agree to pay all the costs and fees incurred for any medical care or treatment for my child as secured and authorized under that consent. I will not hold Jacobs Gymnastics or those affiliated with Jacobs Gymnastics responsible for any injury or illness.

My insurance company is: _____

policy # is _____

Signature of Parent/Guardian

date