

Registration Form

Spearfish Gymnastics Academy

Student Information:

1st Student's Name _____ Age _____ Birthdate _____

Class Day _____ Time _____

2nd Student's Name _____ Age _____ Birthdate _____

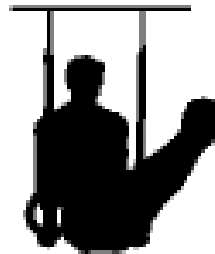
Class Day _____ Time _____

3rd Student's Name _____ Age _____ Birthdate _____

Class Day _____ Time _____

Gymnastics

is



Awesome

Parent Information:

Mother's Name _____ Father _____ Home Phone _____

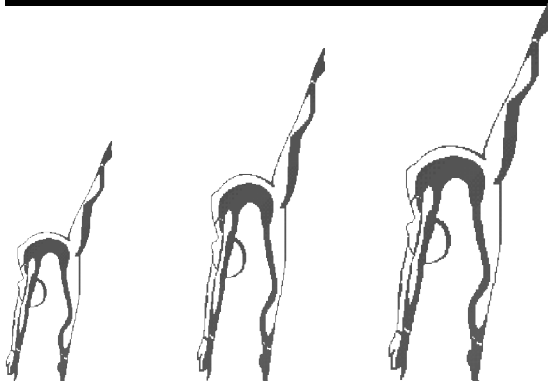
Work # _____ Work # _____ Cell Phone _____

Mailing Address _____

Email Address _____

Family Physician _____ Phone: _____

Emergency Contact: _____ Phone: _____



Please list any Medical Conditions or Special Needs that we should be aware of for your child(ren).

Please turn over