



REGISTRATION FORM

PLEASE COMPLETE THE FOLLOWING FORM AND RETURN IT TO THE ADDRESS BELOW

ATHLETE'S NAME _____

PARENT'S NAMES _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ CELL _____

MOM'S WORK _____ DAD'S WORK _____

E-MAIL _____

SCHOOL _____ CURRENT GRADE _____

BIRTHDATE _____ AGE _____

EMERGENCY CONTACT _____ PHONE# _____

PERSON RESPONSIBLE FOR PAYMENT _____

HEALTH ISSUES OR ALLERGIES _____

HOW DID YOU HEAR ABOUT US? _____

PLEASE REGISTER THE ABOVE ATHLETE FOR THE FOLLOWING:

- EVALUATIONS
- ALLSTAR SQUAD
- CHEER CLASS
- TUMBLING CLASS

By signing below, I understand Zenith GYMNASTICS, LLC. does not offer refunds on monthly tuition.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

MEDICAL TREATMENT RELEASE

In the event of emergency involving my child while at or with Zenith Gymnastics, LLC., whether at class, practice, competition or other sponsored event, I grant my permission to Zenith Gymnastics, LLC., and/or its employees to give consent for the above named athlete to receive medical treatment.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

If you do not grant permission or authorization for consent to medical treatment, what procedure should be followed?

Insurance Company: _____ Policy Number: _____