

Gym 2 You registration form

Child's first name: _____ Child's last name: _____
Age: _____ Date of birth: _____
Allergies: _____

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Age: _____ Date of birth: _____
Allergies: _____

Parents first name: _____
Parents last name: _____
Cell Phone number: _____
E-mail address: _____

Parents first name: _____
Parents last name: _____
Cell Phone number: _____
E-mail address: _____

Home address: _____
Postal code: _____

How did you hear about us?

Students previous gymnastics/dance/cheerleading experience:

I give permission for my child/children to be photographed or recorded for the purpose of social media or marketing. _____ Yes _____ No

Parent signature: _____ Date: _____