

Celebrate  **te**
Gymnastics Registration Form

Student Name _____ Birthdate: _____

2nd Student Name: _____ Birthdate: _____

Phone: _____ Cell: _____

Email: _____

Address: _____ City/Zip: _____

Father's Name: _____ cell phone: _____

Mother's Name: _____ cell phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

How did you find about us? _____

Has the participant had any of the following? (If yes, please explain on back)

Recurrent sprains, trick knees or elbows (circle those applicable)

YES or NO

Has your physician placed any limitations on participant in reference to participation in strenuous activities? YES or NO

Other comments:

Office Use Only Please:

Parent has signed:

Celebrate Gymnastics waiver _____

CROA Waiver _____

CROA Registration form _____