

# Heidi's Gymnastics Registration Form

Gymnast Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Family Doctor \_\_\_\_\_

1. \_\_\_\_\_

Any Physical Handicaps or Limitations or anything else we should know?

2. \_\_\_\_\_

3. \_\_\_\_\_

## STUDENT CLASS SCHEDULE

DAY(S) TIME(S)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

IN CASE OF EMERGENCY PLEASE GIVE NAME AND PHONE NUMBER OF A PERSON TO CONTACT IF PARENT CANNOT BE REACHED.

NAME \_\_\_\_\_

PHONE # \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

EMAIL/FACEBOOK ADDRESS \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

PLEASE GO TO [www.heidsgymnastics.com](http://www.heidsgymnastics.com) and look for the Facebook link on the lower left hand of the page. Please become a fan and follow us on Facebook and Instagram for the latest information.

**PAYMENT MUST BE RECEIVED BEFORE CLASS**