

# 2021-2022 ULTIMATE GYMNASTICS CENTER - REGISTRATION FORM



Student's Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Apt #: \_\_\_\_\_

Emergency Name & Phone: \_\_\_\_\_ Hospital of Choice: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone \_\_\_\_\_

Additional Person(s) authorized to pick up/drive: \_\_\_\_\_ Phone: \_\_\_\_\_

## REQUIREMENTS FOR ENROLLMENT

1. Application must be completed and signed by a **PARENT** or Legal Guardian
2. **\$55 Registration Fee** must be paid in full

### Withdrawal Policy:

Upon placement, your child will be carried over automatically to the following month's roll. Should you choose to withdraw your child from our program, a **30 day written notice is required**. This allows us to keep our accounts accurate and to maintain the quality of our services and brings down overhead. If a notice is not received you will be responsible for payment of one month's class fees.

### 1st Family Member

\_\_\_\_\_

First Name	Last Name
D.O.B. _____	Age: _____

Describe any medical conditions we should be aware of: \_\_\_\_\_

\_\_\_\_\_

List of Allergies or Additional Developmental Services (Reaction & Treatment):

\_\_\_\_\_

\_\_\_\_\_

Fall Class Code: \_\_\_\_\_

Summer Class/Camp: \_\_\_\_\_

### 2nd Family Member

\_\_\_\_\_

First Name	Last Name
D.O.B. _____	Age: _____

Describe any medical conditions we should be aware of: \_\_\_\_\_

\_\_\_\_\_

List of Allergies or Additional Developmental Services (Reaction & Treatment):

\_\_\_\_\_

\_\_\_\_\_

Fall Class Code: \_\_\_\_\_

Summer Class/Camp: \_\_\_\_\_

### 3rd Family Member

\_\_\_\_\_

First Name	Last Name
D.O.B. _____	Age: _____

Describe any medical conditions we should be aware of: \_\_\_\_\_

\_\_\_\_\_

List of Allergies or Additional Developmental Services (Reaction & Treatment):

\_\_\_\_\_

\_\_\_\_\_

Fall Class Code: \_\_\_\_\_

Summer Class/Camp: \_\_\_\_\_