

Gymnastics Etc.

STUDENT INFORMATION FORM



Student's Name: _____

Class Day: M T W Th F S Su _____ Time: _____
(double click on box & change default to 'checked')

Home Phone: _____ Work Phone: _____ Other Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mother's Name: _____ Father's Name: _____

Mother's Employer: _____ Father's Employer _____

Child's Previous Experience (describe briefly)

Use space below to list ages of all children who are enrolled in classes:

Name	Age	Birthdate	Grade	School

Please fill out the information below so that we may act quickly in the event of an accident:

Who to call if parents cannot be reached:

Name/Relationship:	Phone #:	
Name/Relationship:	Phone #:	

Doctor's Name:	Phone #:	
Medical Insurance Co.:	Phone #:	

Any intolerance to drugs or medication? _____

Any previous illness or injury the staff should be aware of? _____

If so, any restrictions? _____

Signature: _____ Date: _____

Date Enrolled: _____ Class Begins: _____