

**High Performance Gymnastics  
2012 Registration Form**

Date \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Class/Level \_\_\_\_\_

First Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Class/Level \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Mother's Name \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any medical conditions or allergies of which we should be aware? \_\_\_\_\_

Is there anything else you want us to know about your child? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Click here if you do not wish to receive e-mails from us \_\_\_\_\_