

2023-2024 Eagle Gymnastics Registration Form

Name of Student _____ Age _____ M or F (Circle)
Address _____ Date of Birth _____
City/Town _____ Zip Code _____ Home Phone _____
E-Mail _____ Parent Name (1) _____
Cell Phone _____ Parent Name (2) _____
Cell Phone _____ Class/Level _____
Class Day(s) _____ Class Time(s) _____ (Flip Over Please)

2023-2024 Emergency Information

Does your child have any physical limitations?

Please list any prescribed medications your child is taking:

Person to contact in an emergency (other than parent): Name of Person: _____
Number: _____

At Eagle Gymnastics safety of the gymnast is always the first and most important consideration. However, participation in the sport of gymnastics involves motion, rotation, and height in a unique environment. And as such, carries a with it a risk of serious injury.

Parent/Guardian Signature _____ **Date:** _____

I give Eagle Gymnastics Permission to take & use photos for their Website, Newspaper, & Facebook.
YES _____ **NO** _____