Alpha Gymnastics Annual Registration

Students:					
Name	Age: _]	Date of Birth:		
1st choice-Class day:& time					
Name	Age: _		Date of Birth:		
1st choice Class day & time	:	2nd c	choice		
Name	Age:]	Date of Birth:		
1st choice Class day & time:		2nd c	choice		
Parents:					
Mother:	Home #:		_Cell phone:_		
Father:	Home #:	me #:Cell phone:			
Address:			State:	Zip:	
E-mail address:					
Number of years in Gym?	How c	How did you hear about us?			
Insurance:					
Name:	Policy #				
Name of Physician		phone	:		
Emergency Contact:					
Name:	Home Phone: ()	Rel	lation:	
	Consent and Insura	ance Sta	tement		
(If there are any physical problems give a full explanation below and d the above named child/ren, hereby by Alpha Gymnastics Inc. program their Representatives, for any injuri in connection with or entry in Gym I parent or legal guardian of the abofor said child/ren. Alpha Gymnastic guardian accept full responsibility of in the gymnastics program or any a Explain:	iscuss with your chi- give my permission s.I understand, waiv les or damages that r nastics as offered by ove child/ren must pro- ces Inc. does not prov- of any injuries that n and all activites with	ld's instr for him/ e and rel naybe su Alpha (rovide m ride said ny child/ Alpha (uctor.) I, as pare her to participate ease any and all affered by Me, M Gymnastics Inc. by own accident/n accident/medical ren may occur at Gymnastics Inc.,	nt or legal guardian of in all activities conducted rights against Alpha and y child/ren or otherwise, I further understand, that nedical insurance coverage I coverage. I as parent/ Alpha Gymnastics Inc. including use of photos.	
Explain.					
arent Signature:			Date:		
Please mail \$30 registration		rst child	d \$15 for each	additional child to:	

Alpha Gymnastics 1817 N. Main Ave, Scranton, PA 18508