

Registration Form



Office Use Only:
Registration: _____
Plan: _____
Class: _____

Adult 1 Info: _____ **M / F** _____
Last Name First Name Date of Birth (Mo/Da/Yr) Age

Activity: (please check one) 24 hour fitness Martial Arts

Adult 2 Info: _____ **M / F** _____
Last Name First Name Date of Birth (Mo/Da/Yr) Age

Activity: (please check one) 24 hour fitness Martial Arts

Child 1 Info: _____ **M / F** _____
Last Name First Name Date of Birth (Mo/Da/Yr) Age

Activity (please check one) Gymnastics/Tumbling Competitive Cheerleading Martial Arts
 Creative Arts 24 hour fitness (>12 years old)

Child 2 Info: _____ **M / F** _____
Last Name First Name Date of Birth (Mo/Da/Yr) Age

Activity: (please check one) Gymnastics/Tumbling Competitive Cheerleading Martial Arts
 Creative Arts 24 hour fitness (>12 years old)

Child 3 Info: _____ **M / F** _____
Last Name First Name Date of Birth (Mo/Da/Yr) Age

Activity: (please check one) Gymnastics/Tumbling Competitive Cheerleading Martial Arts
 Creative Arts 24 hour fitness (>12 years old)

Address: _____
Street City State Zip

Day Phone #: _____ **Cell # 1:** _____ **Cell # 2:** _____

Home Phone #: _____ **E-mail:** _____

Emergency Contact: _____
(If parents unavailable) First & Last Name Relationship Phone #

Family Physician: _____ **Phone #:** _____

Special Medical Conditions / Allergies: _____

Signature: _____ **Date:** _____
(Signature of parent / guardian required if registering a minor)