



Registration Form

Student Name _____ Male / Female D.O.B. ____/____/____
_____ Male / Female D.O.B. ____/____/____
_____ Male / Female D.O.B. ____/____/____

Home Address _____ City/State/Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Father's Name _____ Work # (____) _____

Mother's Name _____ Work # (____) _____

E-mail Address _____ May we add you to our email list? YES NO

In case of emergency and neither parent can be reached,

Call _____ (relationship to child) _____

Phone # (home) _____ (work) _____ (cell) _____

Are there any medical conditions or allergies to which we should be alerted?

How did you hear about Gymnastics Center of Chattanooga? _____

I have read and understand the tuition and registration agreement for The Gymnastics Center of Chattanooga. I understand that if my tuition is not paid by the scheduled due date, my child/children will be automatically dropped from class. Ask about Auto-Billing and never have to remember to pay, **PLUS receive a 5% discount on monthly billing!**

PARENT/GUARDIAN OR ADULT SIGNATURE

DATE

Fax this completed form to 423.238.5005 or bring it into the office with you on your first visit.