

Gymnastics at Cramerton Parks & Recreation

Registration Form

Please fill out all information accurately and print legibly.

A signed Policy Agreement and Permission Waiver and registration fee are also required to complete registration.

Participate Information:		
Child's Full Name:		Prefers to be called:
Class Information:	Day :	Time:
Birthday: / /	Age:	Grade:
Allergies or Medical Concerns:		
Additional Child's Full Name:		Prefers to be called:
Class Information:	Day :	Time:
Birthday: / /	Age:	Grade:
Allergies or Medical Concerns:		

Personal Information:	
Parent/Guardian Name(s):	
Home Phone: ()	Cell Phone: ()
Email Address:	
Primary Address:	Mailing address (if different)
City, state, zip:	City, State Zip:
Additional Parent/Guardian Name(s):	
Home Phone: ()	Cell Phone: ()
Email Address:	
Primary Address:	Mailing address (if different)
City, state, zip:	City, State Zip:
Other:	
Additional Emergency contact:	
Phone:()	Relationship to child:
Anything else we need to know?:	
How did you hear about us?	

Office use only:				
Trial date & time:				
Number of Children registered:			Registration fee(s):	
Tuition: \$ /per month			\$ /per semester	
Payment Made:\$	Date	Check #	Cash:	Receipt#
Registered class:			Staff Initial:	