

# TRINITY GYMNASTICS, INC.

Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Emergency Name & Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Mother's Name \_\_\_\_\_

Employer \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Employer \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### REGISTRATION REQUIREMENTS

1. Application form must be completed.
2. Each child must have a release/waiver form completed and signed (see reverse side).
3. Fees may be paid by Master Card, Visa, Discover, check or cash. A \$25.00 service charge will be assessed for each returned check. A \$10.00 late fee will be added to the balance if payment is not received by the date indicated on the statement.  
**ALL PAYMENTS ARE NON-REFUNDABLE**
4. All students will be accepted in their class choice unless otherwise notified.

Please check here if we can email your statements to you.

1 <sup>st</sup> Family Member		2 <sup>nd</sup> Family Member		3 <sup>rd</sup> Family Member	
Last Name	First Name	Last Name	First Name	Last Name	First Name
Birth Date	Age	Birth Date	Age	Birth Date	Age
Describe any medical allergies/other we need to be aware of to better teach your child _____		Describe any medical allergies/other we need to be aware of to better teach your child _____		Describe any medical allergies/other we need to be aware of to better teach your child _____	
_____		_____		_____	