

Todd's Gymnastics Academy Student Registration Form

List all Students enrolling in TGA:

Student's Name: _____
Date of Birth ___/___/___ Gender M F

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<u>Office Use Only</u>	
Class Code _____ Start Date _____	T-Shirt _____ Size _____
Class Code _____ Start Date _____	Packet _____
Class Code _____ Start Date _____	Reg. Verify _____
	Waiver _____
	Folder _____
	Tuition _____

Student's Home Address: _____
Street City State Zip

Student (s) Home Phone ()- _____

Mother/ Guardian: _____
First Name Last Name

Mother's Cell: () - _____ **Email Address:** _____

Mother's Work () - _____ **Employer:** _____

Father/Guardian: _____
First Name Last Name

Father's Cell: () - _____ **Email Address:** _____

Father's Work () - _____ **Employer:** _____

Billing Address (If different for above home address)

Responsible Person	Street	City	State	Zip

Emergency Information

Emergency Contact (Other than parent/guardian listed above)

Name	Relationship to student	Home Phone	Cell Phone

Please list any/all allergies and/or medical conditions. (Specify student name please).

Health Insurance Company: _____ Phone # _____

Insured Name: _____ ID # _____

Policy Note: I hereby acknowledge receipt of the 2010-2011 TGA Handbook and agree to abide by all gym rules and procedures. I understand that full tuition is due each billing cycle regardless of attendance and that there will be no refunds, credits, or pro-rating for missed classes. I understand that late tuition payments will be assessed a \$10 late charge and I agree to pay all tuition, late fees, and collection fees as applicable. I hereby give TODD'S GYMNASTICS ACADEMY and its associates permission to release photos of the above named students for the intention of publicity, advertising, and or promotional purposes.

Signature or Parent / Legal Guardian _____
Date