

Heidi's Musical Gymnastics

Registration Form

Gymnast name Sex Age Birthdate

1. _____
2. _____
3. _____

Family Doctor _____

Any Physical handicaps or
Limitations? _____

STUDENT CLASS SCHEDULE

DAY(S) TIME(S)

1. _____
2. _____
3. _____

IN CASE OF EMERGENCY PLEASE GIVE NAME AND

PHONE NUMBER OF A PERSON TO CONTACT IF PARENT

CANNOT BE REACHED.

NAME _____

PHONE # _____

PARENT'S SIGNATURE _____

DATE _____

FATHER'S NAME _____

MOTHER'S NAME _____

ADDRESS _____

HOME PHONE _____

EMAIL/FACEBOOK

ADDRESS _____

HOW DID YOU HEAR ABOUT US? _____

PLEASE GO TO www.heidismusicalgym.com and and look for the facebook link on right hand of the page. Please become a fan and follow us on [facebook](#) and twitter for the latest information

PAYMENT MUST BE RECEIVED BEFORE CLASS