

Class _____
Start Day _____

Student's Last Name _____
Parent's Last Name _____

Kansas City Gymnastics School

Registration/Enrollment/Medical Release Form

We are glad you have chosen to join our school. In order to keep our records current and ensure the safety of your children please complete and return this form as quickly as possible.

Student's Full Name _____ DOB _____ AGE _____

Address _____ City _____ State _____ Zip _____

Mother _____ Occupation _____ Email _____

Address(if different from child) _____ City _____ State _____ Zip _____

Phone Numbers Home _____ Work _____ Cell _____

Father _____ Occupation _____ Email _____

Address(if different from child) _____ City _____ State _____ Zip _____

Phone Numbers Home _____ Work _____ Cell _____

Emergency Contact Person _____ Relation to Student _____

Phone Numbers Home _____ Work _____ Cell _____

Insurance, Doctor, Hospital Information

Insurance Company _____

Name of Insured _____ Relation to Student _____

Doctor _____ Phone _____ Hospital _____

Policy Number _____ Group Number _____

In the event that my child becomes ill or injured and requires medical attention, the present gym supervisor of the Kansas City Gymnastics School has my permission to have her/him treated if I can not be contacted.

I hereby agree that I will hold harmless Kansas City Gymnastics School and its instructors for any accident occurring in the gymnasium.

Signature of Parent/Guardian

Date

Initial Here Kansas City Gymnastics has permission to use photos of my Student on the website (we never use names).