

Participant Registration Form

Participant Name: _____ Gender []Female []male

Age: _____ Date of Birth _____

Legal Guardian's Name _____

Address _____ City _____ Zip _____

Phone () _____ Cell () _____

Email Address _____

Employment _____ Phone _____

Primary Insurance Company _____

Are There any medical conditions we should be aware of? [] yes [] no

If yes please explain _____

Has the participant had a physical exam in the last three years? [] yes [] no

Citrus Gymnastics recommends that every student complete an annual physical examination

Physicians Name _____ Phone _____

Dentists Name _____ Phone _____

Eligibility to participate in class at Citrus Gymnastics requires a completed gymnast registration form with release of liability and a consent to treatment form.

Gymnast _____ Date _____

If gymnast is not yet 18 years old at least one parent or legal guardian of such person must also sign. We certify that the information provided above is correct.

_____ Date _____

Printed name of Parent/Guardian

_____ Date _____

Printed name of Parent Guardian