



# Student Enrollment Form

## Student Information:

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

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## Parent's Information & Emergency Contact:

Mother's Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Please list any student medical conditions, previous injuries, disabilities or medications here along with student name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Parental Agreement:

I have been provided with the membership policies, class schedule, gym closing dates, methods of payment and fee due dates, emergency procedures, and I agree to abide by the rules and policies of Extreme Tumbling Training Center:

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

## Class Assignments:

## FOR OFFICE USE ONLY

Child Name: \_\_\_\_\_ Trial: \_\_\_\_\_ Class Name: \_\_\_\_\_ Class Day/Time: \_\_\_\_\_ Reg: \_\_\_\_\_

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