



STUDENT INFORMATION FORM

Student's Name Date:.....

Age..... Date of Birth: Month..... Day..... Year.....

Class: Mon Tue Wed Thu Fri Sat

Mother's Name: Father's Name:

Mother's Cell: Father's Cell: Home / Work Phone:

Address:

Mother's Employer: Father's Employer:

School:

Fill out the information below so we may act quickly in the event of an emergency.

Whom to call in the event that parents cannot be contacted:

Name/Relation: Phone#: Cell:

Name/Relation: Phone#: Cell:

Doctor's Name: Phone#: Cell:

Medical Insurance Company:

Any intolerance to drugs or medication?

Any previous illness or injury the staff should be aware of?

Previous gymnastic experience:

Email address:

Do you wish to be added to the Club's Facebook group: Yes No

Facebook Username:

PHOTO / VIDEO RELEASE

I hereby grant permission to Tots & Tumblers Gymnastic Club to use photographs and/or video of the above-named student(s) taken at our gymnastic facility and/or at any event hosted or attend by Tots & Tumblers Gymnastic Club in publications, news releases, online, and in other communications related to the mission of the Club.

Signature of Parent or Guardian