

Nasser Gymnastics Academy, Inc. Registration Form

Phone Number _____ Alternate number (Cell) _____

Email Address _____

How did you hear about Nasser Gymnastics? _____

Have you ever been enrolled at Nasser Gymnastics? Yes _____ No _____

Child's Name _____ Sex _____ Age _____ DOB _____

Child's Name _____ Sex _____ Age _____ DOB _____

Child's Name _____ Sex _____ Age _____ DOB _____

Address _____ City/State _____ Zip _____

Father's Name _____ Work Phone _____

Mother's Name _____ Work Phone _____

Person(s) Responsible for Charges _____

Please list any medical conditions (allergies, prescriptions, etc.) that may affect their ability to participate in gymnastics:

DID YOU READ AND SIGN THE BACK??

Please list your top **three** choices for classes: 1) _____
We will do our best to place your child(ren) 2) _____
In one of these choices. 3) _____

OFFICE USE ONLY	
Beginning Class Date _____	Class Level _____
Class Day _____	Class Time _____
Program Fee _____	
TOTAL PAID _____	CHARGE/CASH/CHECK# _____ SIGNED _____