

EXCEL GYMNASTICS OF STEAMBOAT
REGISTRATION

Student Name: _____ Age: _____ School: _____

Preferred Class, Day, & Time: _____

Mailing Address: _____

Physical Address: _____

Home Phone: _____

Parent/Guardian Name: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Student Allergies? _____ Parents E-Mail: _____

Parents E-Mail: _____

The following people are authorized to pick-up my child: They may be asked for picture ID.

After Class, my child will be:

Picked up by: _____ phone: _____

Parent/Guardian Signature

Date