

Gymnastics

2008

Please sign release - Must sign this in order to participate.

For more information on this program please contact SVE Fitness 589-7688.

Participant Info

Last Name _____

First Name _____

Address _____

City/State _____ zip _____

Home phone ____ - ____ - _____

DOB ___/___/___ M ___ F ___

Age _____ Grade _____

Check one:

- Lions
- Tigers
- K-4

Parent Info

Mom _____

Phone _____

Email _____

Dad _____

Phone ____ - ____ - _____

Email _____

Emergency # _____

***Checks payable to: Owego
Gymnastics Academy***

Medical History and Information

Present Health condition: _____ Poor _____ Fair
_____ Good _____ Excellent

Allergies/Medical concerns?

Current and previous physical activities and sports participating in:

Other notes or considerations I should be aware of?

All children must have transportation to and from Gymnastics. Bus transportation is available for the K-4 2:30 class from The Van Etten school. Check one box below:

- No bus transportation needed- person authorized to pick child up: _____

- My child will be riding the bus to the Spencer Grange for the purpose of weekly gymnastics classes. I will submit the appropriate permission slip to the SVE CSD. I will pick my child up at the end of class.

Signed by Parent/Guardian:

Date: _____

Ofc. Use only: Class day/ time: _____

Paid cash or ck # _____