

**CAPITAL
GYMNASTICS**

Registration Form

Guardian(s) Information

Primary Guardian Name		Guardian Relationship	
Primary Guardian Email		Primary Guardian Phone	
Home Address	City, State	Zip Code	
How did you hear about us?			
Additional Guardian Name		Additional Guardian Relationship	
Additional Guardian Email		Additional Guardian Phone	
Emergency Contact Name		Emergency Contact Relationship	
Emergency Contact Email		Emergency Contact Phone	

Student(s) Information

Student Name	M F	Student Date of Birth
Student School Name	Grade	
Student Name	M F	Student Date of Birth
Student School Name	Grade	
Student Name	M F	Student Date of Birth
Student School Name	Grade	
Student Name	M F	Student Date of Birth
Student School Name	Grade	

Allergies/Medical [Please indicate for each student if multiple students are listed above]