

# Acrocheer Gymnastics & Cheerleading L.L.C.

Please fill out this form, along with the child waiver, and Tuition

Date Received (For Office Use Only)

Please write clearly

## Class Registration Form WE NEED YOUR E-MAIL ADDRESS:

Date \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**Responsible Party** \_\_\_\_\_

**TEXT #** \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mom's Cell Phone: \_\_\_\_\_

Dad's Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Has your child ever had any classes: etc....gymnastics, dance, cheer, \_\_\_\_\_

Can your child do any skills? \_\_\_\_\_

What does your child want to learn? \_\_\_\_\_

## Student

Student's First and Last Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Health Issues (Shown to Instructors) \_\_\_\_\_

School: \_\_\_\_\_

### Other Information

How did you hear of us? \_\_\_\_\_

Purpose for Training: \_\_\_\_\_ Other Activities \_\_\_\_\_

Injuries: \_\_\_\_\_

### Class Selection

Class Name etc...Beg, Adv.Beg, Inter	Day	Time
1 <sup>st</sup> choice: _____	_____	_____
2 <sup>nd</sup> choice: _____	_____	_____
2 <sup>nd</sup> class per week _____	_____	_____

### Other Responsible Party

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_