

144 E. 2580 S. Circle St. George, UT 84790

Phone: (435) 652.4025 www.champion-utah.com

Champion Gymnastics Registration Form

East Birthdate:	Gymnast's Name:						
Address: Street City State Zip Home Phone: Email: Cell #: Mother's Name: Work #: Cell #: Are there any concerns that the instructor's should know about when working with your child? If yes, please explain: Registered Class Class ID #1 Class ID #2 Registration Fee/Date S Class Fee Total amount paid I understand that this card will be charged if auto withdrawal fails or if payment has not be received by the 6th of each month. I authors the charged of auto withdrawal fails or if payment has not be received by the 6th of each month. I authors to charge tultion and any related fees to this account. Emergency Contact: Name Doctor: Name Phone Medical Concerns: I fully understand that my child has registered for gymnastics instruction at Champion Gymnastics of Southern Utah. Registration requires full payent for the class/classes which you enroll before my child will be able to participate. I understand that my child has registration requires full payent for the class/classes which you enroll before my child will be able to participate. I understand that my child has registered for gymnastics instruction at Champion Gymnastics of Southern Utah. Registration requires full payent for the class/classes which you enroll before my child will be able to participate. I understand that overdue balance and fees will prevent my child from participating in classes. I give permission to Champion Gymnastics of uniques of my child for creates the possibility of serious injury or death. I give permission for Champion Gymnastics seemployees to temporarily render first aid creates the possibility of serious injury or death. I give permission for Champion Gymnastics seemployees to temporarily render first aid creates the possibility of serious injury or death. I give permission for Champion Gymnastics seemployees to temporarily render first aid creates the possibility of serious injury or death. I give permission for Champion Gymnastics seemployees to temporarily render first aid.	J			_	First		
Address: Street	Birthdate:	/_/ Age:		M/F		/	
Street City State Home Phone:					Trial Date:		
Home Phone: Email: Zip Father's Name: Work #: Cell #: Mother's Name: Work #: Cell #: Mother's Name: Work #: Cell #: Are there any concerns that the instructor's should know about when working with your child? If yes, please explain: Registered Class Class ID #1 Class ID #2 Registration Fee/Date \$ Class Fee Total amount paid I understand that this card will be charged if auto withdrawal fails or if payment has not be received by the 6th of each month. I authoric Champion Gymnastics to charge tuition and any related fees to this account. I authoric Champion Cymnastics to charge tuition and any related fees to this account. Emergency Contact: Name Phone	Address:						
Home Phone: Email:		Street		City		State	7in
Mother's Name: Work #: Cell #:	Home Phone:			Email:			
Are there any concerns that the instructor's should know about when working with your child? If yes, please explain: Registered Class	Father's Name:			Work #:	Cell #:		
Registered Class	Mother's Name:	her's Name:			Cell #:		
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