

Creative Gymnastics Center 2017 - 2018



Emergency Information-Participation Agreement-Liability Release

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				Date of Birth	
2 nd Last		First		Date of Birth	Male/Fema
3 rd Last		First		Date of Birth	
Address:					
City:	State	e:	Zip:	Phone: Home ()
Parent or Guardian's	First and Last	Name:			
Relationship to student:		Are you the billing contact? Yes No		No	
Same or different addre	ess than student	?			
City:		State:	_	Zip:	
Phone: Home ()	Work ()	Cell ()
Email addraga					
PERSON OTHER TI Name:	HAN PARENT	TO BE NOTI		SE OF AN EMERGEN Phone: ()	
PERSON OTHER TI Name: Cell Phone: () PARTICIPATION:	HAN PARENT	TO BE NOTII	Relationship t	Phone: ()	
PERSON OTHER TI Name: Cell Phone: () PARTICIPATION: Fully Informed: The mental conditions that	HAN PARENT	TO BE NOTII	Relationship to	Phone: () to student: CENTER have been informed training the student will rece	of any special physical or
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Tuition 1_

Tuition 2 Tuition 3 _____ Class # ____ Class #