GYMLAND
Home of Arena Gymnastics
6 TENNIS COURT
HAMILTON, N. J. 08619
(609) 584-7700

REGISTRATION FORM

Date of Application: _____ / _____ / _____

Student's Name:_____
First Last Middle Initial

Address: _____
Street or P.O. Box City, State Zip Code

E-mail Address:_____

Age: _____ Date of Birth: _____ Sex: _____

Mother's Name: _____ Father's Name: _____
(or Legal Guardian) (or Legal Guardian)

Home Telephone # _____ Parent/Guardian Work Telephone # _____

Cell Phone # _____/_____
Mother's Father's

Physician's Name: _____ Telephone # _____

Medical conditions that pertain to participation in gymnastics _____

_____

In Case of Emergency Contact: _____ Telephone # _____

Student's Primary Insurance Carrier: _____

Student's Previous Experience: _____
Describe Briefly

Referred by: _____
(individual / advertisement, etc.)

Class choice: 1st Day: _____ Time: _____ Level: _____

2nd Day: _____ Time: _____ Level: _____

FOR OFFICE USE ONLY

Class Day: _____ Time: _____ Level: _____

Cost of Membership: $_____ Registration Fee: $_____
Rate per Session Rate per School Year

Accepted By: _____

Applied Deposit to Tuition _____

Date Dropped _____
Refund Check # _____
Amount Refunded $_____