

Scottsdale 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]		