



(Please Print)

Registration Fee: _____

GEORGIA ELITE GYMNASTICS, INC. REGISTRATION FORM

STUDENT: _____ **CLASS:** _____

Birth Date: ____/____/____ Age: _____ Sex: M or F

Home Phone: (____) _____ School's Name: _____

Any Medical Conditions: _____

How did you hear about us?: _____

PARENTS:

Mother's Name: _____ Father's Name: _____

Home Address: _____ City: _____ Zip: _____

Work Phone – Mother: (____) _____ Father: (____) _____

Cell Phone – Mother: (____) _____ Father: (____) _____

Emergency Contact: _____ Number: (____) _____

PAYMENT OPTIONS:

Georgia Elite Gymnastics, Inc. accepts cash, checks, and VISA/MC.

I would like to allow Georgia Elite Gymnastics, Inc. to automatically charge my credit card on the 10th of the month that the payment is due. **(if you agree, please check the box)**

GUARANTEED FORM OF PAYMENT

VISA

MASTERCARD

Credit Card #: _____ Expiration Date: _____

Applicant's Signature: _____ Date: _____
Parent/Guardian or applicant (if 18 years or older)