

Today's Date: \_\_\_\_\_

1st Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Class Name/ Day/ Time: \_\_\_\_\_ Tuition: \_\_\_\_\_

\_\_\_\_\_

2nd Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Class Name/Day/Time: \_\_\_\_\_ Tuition: \_\_\_\_\_

\_\_\_\_\_

3rd Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Class Name/Day/Time: \_\_\_\_\_ Tuition: \_\_\_\_\_

\_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail \_\_\_\_\_ (To receive updates by e-mail)

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail \_\_\_\_\_ (To receive updates by e-mail)

I fully understand that the staff at SPLITZ Gymnastics Academy, Inc. are not physicians or medical practitioners of any kind. With that in mind, I hereby release SPLITZ Gymnastics to render first aid to my child in the event of injury or illness, and if deemed necessary to call an ambulance which I agree to pay for.

If SPLITZ is unable to contact the parents, the person to contact in case of an emergency is:

Name/ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you find out about SPLITZ Gymnastics? \_\_\_\_\_

Does your child/children have any medical conditions that we should be aware of?

Electronic Signature of Parent/ Guardian: \_\_\_\_\_