

Infinity Gymnastics Academy Registration Form 2017-2018

Athlete's Information	
First Name:	Last Name:
Date of Birth:	

Parent/Guardian's Information	
Name:	Relationship:
Contact Number:	Alternate Contact Number:
E-mail:	
Address:	City:
State:	Zip Code:

Emergency Contact Information	
Contact 1:	Contact Number:
Relationship:	Alternate Contact Number:
Contact 2:	Contact Number:
Relationship:	Alternate Contact Number:

Class Information	
Class Name:	Instructor:
Day of Week:	Time:

Other Information	
Payments after the 5th of the month will receive a \$15.00 late fee	Initial _____
A 2 week notice in writing must be given when leaving Infinity	Initial _____

By signing this document I hereby state I have received a copy of Infinity Gymnastics Academy's Policies.

Printed Name: _____

Signature: _____

Date: _____

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