

ENROLLMENT FORM

NAME OF STUDENT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ AGE _____

Home Phone (_____) _____ Work Phone (_____) _____

Cell Phone Mom (_____) _____ Cell Phone Dad (_____) _____

PARENTS NAME: MOM _____ DAD _____

HOW DID YOU HEAR ABOUT US?

_____ Website _____ Friend _____ Old Student _____ Mailer

WAIVER: By taking part in this gymnastics, tumbling, dance, or cheer program, I hereby waive all claims for injury, accident or liability of any kind against the owner or instructors.

* SIGNATURE OF PARENT OR GUARDIAN _____

Date: _____

** Any information (hearing impairment, learning disability, emotional problems, special needs, etc.) concerning your child that would help us in our instruction would be greatly appreciated.

Previous Training _____ If yes, location _____

CHILD'S CLASS DAY HERE AT DHG _____ TIME _____

Debbie Howard's Gymnastics