

**MID- MICHIGAN GYMNASTICS, U.S.A. INC
RECREATIONAL REGISTRATION FORM**

5686 Midland Rd.
Freeland, MI 48623
(ph)989-692-0394 (f)989-692-0399

1st CHILD NAME _____ CLASS _____

FEMALE _____ MALE _____ DOB _____ AGE _____

2nd CHILD NAME _____ CLASS _____

FEMALE _____ MALE _____ DOB _____ AGE _____

3rd CHILD NAME _____ CLASS _____

FEMALE _____ MALE _____ DOB _____ AGE _____

ADDRESS _____

CITY _____ **ZIP** _____

FATHER'S FIRST & LAST NAME _____

MOTHER'S FIRST & LAST NAME _____

HOME PHONE _____ WORK PHONE _____

MOM CELL PHONE _____ DAD CELL PHONE _____

E-MAIL _____

EMERGENCY PHONE _____ NAME _____

PHYSICIAN _____ PHONE _____

INSURANCE COMPANY _____ POLICY # _____

PAYMENT POLICY: *Recreational tuition is due on the first day of class at the beginning of each session. Your child will not be able to attend class until payment is made. There will be no refunds or credits due to vacations, schedule changes illness etc. Each gymnast will be allowed 1 make up class only during their current session.*

PARENT/GUARDIAN SIGNATURE: _____

PARENT NAME (PRINTED): _____

DATE: _____