

REGISTRATION FORM

Registration Fee: ~~\$30~~ per family



4688 South Commerce Dr.
Murray, Utah 84107

801.716.2978 PHONE
www.epicgymnastics.com



Guardians

Guardian 1 - First & Last Name: _____ Relationship to Student(s): _____

Primary Phone: _____ Type: Cell Home Work Text messaging? Yes No

Guardian 2 - First & Last Name: _____ Relationship to Student(s): _____

Primary Phone: _____ Type: Cell Home Work Text messaging? Yes No

Billing Address: _____ City: _____ State: _____ ZIP: _____

Primary E-mail: _____ Sec. E-mail (optional): _____



Students

1) First & Last Name: _____ Gender: M F DOB: ____ / ____ / ____

2) First & Last Name: _____ Gender: M F DOB: ____ / ____ / ____

3) First & Last Name: _____ Gender: M F DOB: ____ / ____ / ____

4) First & Last Name: _____ Gender: M F DOB: ____ / ____ / ____

Please describe any special needs, restrictions, health issues, etc. your student(s) have that we should know about:

How did you hear about us?

Referral / Word of Mouth Drove By Car Graphics Mailer Saw us at a Gymnastics Meet Phonebook

Internet, where? _____ Other: _____

In signing this form, the undersigned (referred to as "signee" throughout the Terms of Registration) acknowledges a) That he/she has read thoroughly and understands completely, the terms of registration and release and signs it voluntarily. b) That the undersigned signing as Legal Guardian is, in fact, the true and legal guardian and has the consent of the participant. The undersigned also gives permission for Epic Gymnastics owners, managers, employees, and/or agents to seek emergency medical treatment for the student in the event they are unable to reach any parent or guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred in said action.

Guardian Signature *x* _____ Date: _____

Participant Signature *x* _____ Date: _____
(if over 18 years of age)

OFFICE USE ONLY

_____ All info entered into iClassPro
_____ Started evaluation sheet
_____ Added to e-mail list

For Payment Plans Only:

_____ Payment Plan scheduled in iClassPro
_____ Autopay info entered into iClassPro