

Illusions Rhythmic Gymnastics Society #F36358

Registration Form 2021/2022

Class:	
Gymnast Name:	
Date of Birth:	
Care Card Number:	
Mailing Address:	
Parent/ Guardian Name and Phone Number:	
Parent/ Guardian Name and Phone Number:	
Main Email:	
Additional Email:	
Emergency Contact: (Name and relationship)	
Emergency Contact Phone Number:	
My Child's health and present condition are good? (Circle one) Yes or No	
If no, please list all health concerns the coach should be aware of:	
I give permission for pictures taken at gymnastics to be used for advertising purposes: (Circle one) Yes or No	
How did you hear about our club?	
Parent Signature:	

Office use only:

Registration		September		November		February		April		June	
Costume		October		January		March		May			