



ILLINOIS ELITE GYMNASTICS

STUDENT REGISTRATION FORM

Student's Name (1st Child): _____

Date of Birth: _____ **Child's Age:** _____ **M / F**

Student's Name (2nd Child): _____

Date of Birth: _____ **Child's Age:** _____ **M / F**

Student's Name (3rd Child): _____

Date of Birth: _____ **Child's Age:** _____ **M / F**

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Guardian #1: _____

Relationship: _____

Cell Phone # _____

Alt. Phone # _____

Email: _____

Employment/Company: _____

Employee Ph# _____

Guardian #2: _____

Relationship: _____

Cell Phone # _____

Alt Phone # _____

Email: _____

Employment/Company: _____

Employee Ph# _____

***Emergency Contact:** _____ **Relationship:** _____

Cell Phone# _____ **Alt. Phone#** _____

***Note: Emergency Contact must be someone other than parents!**

How did you hear about us? _____

Please give a brief description of any previous experience that your child may have:

Student Medical Information

Family Doctor: _____ **Phone:** (_____) _____

Health Insurance Company: _____ **Policy #:** _____

Has the student had any serious illness, injury, or surgery? If yes, please give date(s) & detail:

Other Health Concerns/Medications: _____

I understand that by participating in sports at Illinois Elite Tumbling there is a possibility of injury, sickness, or catastrophic injury. I do hereby give Illinois Elite Tumbling permission to act in my behalf and do hereby grant permission to hospital staff members, urgent care members, a medical doctor, or duly qualified medical personnel to administer immediate treatment to my child should he/she be injured.

I, the undersigned, have read this registration form and agree to abide by the rules set forth by Illinois Elite Tumbling and Gymnastics.

Parent/Guardian Signature: _____ Date: _____
 (Participant Signature if over 18)