

**REGISTRATION FORM - PALMETTO GYMNASTICS ACADEMY, INC.**

Last Name (Billing Name) \_\_\_\_\_ Home Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_

Father's Phone Number(s) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Phone Number(s) \_\_\_\_\_

Insurance \_\_\_\_\_ Email \_\_\_\_\_

**(email address will be used for PGA only and will not be given out)**

**Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_**

**Relationship \_\_\_\_\_ (other than parent)**

Student #1 Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Student #2 Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Student #3 Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Student #4 Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Office Use Only

Paid:

Registration Fee \_\_\_\_\_

Tuition Fee \_\_\_\_\_

Level completed last \_\_\_\_\_