



# FAMILY REGISTRATION FORM

**MOTHER:** First \_\_\_\_\_ Last \_\_\_\_\_ DL# \_\_\_\_\_

**FATHER:** First \_\_\_\_\_ Last \_\_\_\_\_ DL# \_\_\_\_\_

Mother Cell \_\_\_\_/\_\_\_\_-\_\_\_\_ Home \_\_\_\_/\_\_\_\_-\_\_\_\_

Father Cell \_\_\_\_/\_\_\_\_-\_\_\_\_ Emergency \_\_\_\_/\_\_\_\_-\_\_\_\_

Name of Emergency Contact \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ E-mail Address 2: \_\_\_\_\_

## 1ST CHILD:

First: \_\_\_\_\_ Last: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Circle: Male Female School: \_\_\_\_\_ Grade: \_\_\_\_\_

## 2ND CHILD:

First: \_\_\_\_\_ Last: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Circle: Male Female School: \_\_\_\_\_ Grade: \_\_\_\_\_

## 3RD CHILD:

First: \_\_\_\_\_ Last: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Circle: Male Female School: \_\_\_\_\_ Grade: \_\_\_\_\_

Company/Employer: \_\_\_\_\_

Health Ins. Co.: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_ Health Co. Number: \_\_\_\_\_

Any previous illness, allergy, condition, or injury the gym's staff should be aware of:

Unlimited: \_\_\_\_ Drop In: \_\_\_\_ (pay \$25 reg.) Tiny Tumbler: \_\_\_\_ Team Tumble: \_\_\_\_ (pay \$25 reg.)

TRIAL \_\_\_\_/\_\_\_\_ START \_\_\_\_/\_\_\_\_ ICLASS\_\_\_\_ ENR\_\_\_\_ CHG\_\_\_\_