

TROPICAL TWISTERS GYMNASTICS

905 SE 9th Terrace

Cape Coral, FL 33990

239-540-9800

www.tropicaltwistersgymnastics.com



STUDENT REGISTRATION FORM, WAIVER AND RELEASE OF LIABILITY

GYMNAST(S) INFORMATION

_____	M/F	_____	____/____/____
STUDENTS FIRST AND LAST NAME		AGE	BIRTHDATE
_____	M/F	_____	____/____/____
STUDENTS FIRST AND LAST NAME		AGE	BIRTHDATE
_____	M/F	_____	____/____/____
STUDENTS FIRST AND LAST NAME		AGE	BIRTHDATE
_____	_____	_____	_____
ADDRESS	CITY, STATE & ZIP CODE	HOME #	
_____	_____	_____	_____
MOTHER/GUARDIAN FIRST AND LAST NAME	EMPLOYER	WORK #	
_____	_____	_____	_____
FATHER/GUARDIAN FIRST AND LAST NAME	EMPLOYER	WORK #	
_____	_____	_____	_____
_____	_____	_____	_____
E-MAIL ADDRESS	MOTHERS CELL #	FATHERS CELL #	
_____	_____	_____	_____
_____	_____	_____	_____
EMERGENCY CONTACT	RELATIONSHIP	CONTACT #	
PLEASE TELL US HOW YOU FOUND OUT ABOUT US: _____			

MEDICAL/INSURANCE INFORMATION

DO ANY OF YOUR CHILDREN HAVE ANY MEDICAL CONDITION TROPICAL TWISTER COACHES NEED TO BE AWARE OF? _____

_____	_____
PHYSICIANS NAME	PHYSICIANS #
_____	_____
PREFERRED HOSPITAL NAME	PREFERRED HOSPITAL #
_____	_____
HEALTH INSURANCE COMPANY NAME	PHONE #
_____	_____
POLICY #	

I UNDERSTAND THAT INJURIES DO OCCUR AND HEALTH INSURANCE IS A REQUIREMENT FOR ALL GYMNASTS/PARTICIPANTS AT TROPICAL TWISTERS GYMNASTICS AND CHEER.

_____	____/____/____
PARENT/GUARDIAN SIGNATURE	DATE

