



www.GymTekAcademy.com

GymTek Academy Registration form

MOTHER: First _____ Last _____

FATHER: First _____ Last _____

Mother Cell ____ / ____ - ____ text y n Home ____ / ____ - ____

Father Cell ____ / ____ - ____ text y n Emergency ____ / ____ - ____

Work ____ / ____ - ____ Mother
Father Name of Emergency Contact _____

BILLING ADDRESS: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address (mom): _____

E-mail Address (dad): _____

1ST CHILD:

First: _____ MI: _____ Last: _____ Birthdate: ____ / ____ / ____

Day _____ Time _____ Class _____ Coach _____

2ND CHILD:

First: _____ MI: _____ Last: _____ Birthdate: ____ / ____ / ____

Day _____ Time _____ Class _____ Coach _____

3RD CHILD:

First: _____ MI: _____ Last: _____ Birthdate: ____ / ____ / ____

Day _____ Time _____ Class _____ Coach _____

PLEASE FILL OUT INSURANCE INFORMATION OR WE CAN COPY CARD FOR YOU

Company/Employer: _____

Health Ins. Co.: _____ Policy Number: _____

Group Number: _____ Health Co. Phone #: _____

Any intolerance to drugs and medication: _____

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

FRIEND REFERRAL

If a friend referred you, please let us know so they can receive their \$20 Friend Referral CREDIT.

_____ Friend who referred me

BE SURE TO SIGN THE BACK OF THIS SHEET!

