Name _____ _____ _____ M/F
Last First MI Age DOB (Circle)

PROGRAM REGISTRATION CARD
LEGACY GYMNASTICS ACADEMY, INC.

PREVIOUS TRAINING:
_____ NONE _____TRAMPOLINE
_____TUMBLING ONLY _____DANCE
_____FULL GYMNASTIC PROGRAM

USAG COMPETITION: YES/NO LEVEL:_____
WHERE: _____
WHEN: _____

NAME OF ACADEMIC SCHOOL: _____ GRADE:_____ DISMISSAL TIME: _____
PARENT(S) NAME(S):_____ HOME PHONE: _____
ADDRESS:_____CITY:_____ZIP:_____
FATHER'S OCCUPATION:_____TDL#:_____WK. PHONE:_____
MOTHER'S OCCUPATION:_____TDL#:_____ WK. PHONE:_____
CELL PHONE:_____
Referred to Legacy by: _____Friend or Relative _____ Newspaper Ad _____Phone Book _____Other:_____

FOR OFFICE USE ONLY

Reg. Fee _____
Amount: _____
Ck. No: _____
Month: _____
LMD: _____

ORIG. START DATE ____/____/_____
LMD USED: _____

CLASS DAYS: M T W Th F S
Time: _____

Name on Credit Card: _____
Type: VISA MASTERCARD AMERICAN EXPRESS DISCOVER
Card #: _____ Exp. Date: _____

MEDICAL INFORMATION FORM

PHYSICAL
(Specify Handicaps, Injuries, weaknesses, Etc.)

PSYCHOLOGICAL
(Special problem areas such as anxieties, fears, hyperactivity, hypersensitivity)

BONES &
JOINTS
_____ _____
MUSCLES
_____ _____
EYES/EARS
_____ _____
OTHER
_____ ALLERGIES TO:_____
CHRONIC AILMENTS MEDICATIONS:_____
ASTHMA____RESPIRATORY_____ _____
BPS_____ _____
CIRCULATORY_____HEART_____ _____
DIABETES_____HYPOGLYCEMIA_____
EPISEPSY_____HEMOPHILIA
OTHER_____

PREFERRED PERSONAL OR FAMILY PHYSICIAN
NAME_____ PHONE_____
OTHER RELATIVE OR FRIEND
NAME_____ PHONE _____

RELEASE

THE STATE OF TEXAS
COUNTY OF BRAZORIA

I (We) the undersigned student, parent or legal guardian of student of Legacy Gymnastics Academy for and in consideration of my enrollment of the enrollment of my child or a student for whom I have been granted legal custody hereby voluntarily and knowingly execute this Release with the expressed intention of effecting the extinguishment of and complete release from any and all claims, demands or causes of action, I or my child and/or legal ward may have against Legacy Gymnastics Academy, Inc., its instructors, agents or employees, relating to injury or physical harm which may arise from or be sustained as a result of my participation or the participation of my child and/or legal ward in the various programs of instruction, practice and physical activity associated with the study of ballet, gymnastics, and related activities by Legacy Gymnastics Academy.

EXECUTED THIS _____ DAY OF _____, 20_____

STUDENT: _____
SIGNATURE
OF PARENT:_____

I understand that the prepaid last session's tuition is non-refundable. I also understand that I MUST GIVE 30 DAYS NOTICE to drop from classes to qualify to use the last session's tuition deposit. I have read the rules for the Legacy Gymnastics Academy. I also understand that if I do not pay tuition by the 10th of each month, I will be charged a $10 late fee.

_____
Signature of Parent or Legal Guardian

I HEREBY GRANT LEGACY GYMNASTICS ACADEMY STAFF THE RIGHT TO RENDER JUDGEMENT CONCERNING MEDICAL ASSISTANCE IN THE EVENT OF AN ACCIDENT OR ILLNESS DURING MY ABSENCE.

_____
Signature of Parent or Legal Guardian