

Student Information**After School Registration 2024 - 2025**

Name:		Age:	DOB: ___/___/___	
Sex:				
Mother's Name:		Father's Name:		
Phone:	Email:	Phone:	Email:	
Address:		City:	Zip:	
Emergency Contact:		Emergency Phone:		
Any Medical conditions/allergies to which we should be alerted.		(Please list allergies below)		
		<input type="checkbox"/> YES _____	<input type="checkbox"/> NO	

Persons Authorized to Pick-Up (Other than Parents & Emergency Contact)

Name:		Name		
Ph:	Email:	Ph:	Email:	

Class Day & Times Attending

Monday:
Tuesday:
Wednesday:
Thursday:
Friday:

*Only persons listed as authorized will be allowed to pick up students from Legacy Gymnastics

*No changes to pick up schedule unless given a 30-day notice.

Signature of Parent/Legal Guardian

Date