

Registration

(317) 872-4554



Students Name _____ Sex _____ Age _____ D.O.B. ____/____/____ Home Phone: () _____

Street _____ City _____ State _____ Zip _____ Emergency: () _____

Has this student ever been enrolled at Sharp's Gymnastics Academy before? NO ___ YES ___ Approx. date: ____/____/____

Mom's Name _____ Occupation _____ Phone _____

Dad's Name _____ Occupation _____ Phone _____

How did you learn about Sharp's Gymnastics Academy? (If word of mouth, from whom?) _____

Are there any medical conditions to which we should be alerted? _____

If your child were to appear in a group or individual photo taken on our premises are we free to use it for advertising purposes? Yes ___ No ___

CLASS INFORMATION

Class #1	1st Choice*	Class _____	Day _____	Time _____
	2nd Choice	Class _____	Day _____	Time _____
Class #2	1st Choice*	Class _____	Day _____	Time _____
	2nd Choice	Class _____	Day _____	Time _____

*We will see you the first day of class! We will call only if there is a problem supplying your first class choice.

PAYMENT INFORMATION

Term # _____ Date _____

Annual Family Administration fee..... \$ _____

Tuition (Full payment is required)..... \$ _____

TOTAL (Please arrange to pay by check if possible) Check ___ Credit Card ___ \$ _____ (Chk # _____)

Credit Card: (Visa ___ Master Card ___ Discover ___) Name on Card _____

Card Number _____ Exp. Date _____ Signature _____

TERM #	DATE	FEES	CHECK #	CLASS	DAY	TIME
_____	____/____/____	_____	_____	_____	_____	_____
_____	____/____/____	_____	_____	_____	_____	_____
_____	____/____/____	_____	_____	_____	_____	_____
_____	____/____/____	_____	_____	_____	_____	_____
_____	____/____/____	_____	_____	_____	_____	_____