U.V.G STUDENT REGISTRATION

Student's Name:_____
(Last) (First) (MI)

Date of Birth:_____(circle) Male Female Age:_____

What class are you registering this child for?_____

Billing Name and Mailing Address:_____

_____

_____

Home PH. #:_____Alternate PH. #:_____

Parent/Guardian Name:_____

Work Phone:_____Work Name:_____

Parent/Guardian Name:_____

Work Phone:_____Work Name:_____

Because of the physical nature of gymnastics we wish to have the following information on file:

If this child has any medical condition(s), please describe & tell how you treat the condition(s):_____

_____

_____

_____

Doctor Name:_____Doctor Phone:_____

Having your private insurance billing information on hand will speed the treatment of your child in the event of an emergency and will be given only to medical personnel.

Insurance Co. Name:_____Insured's Name:_____

I.D. #:_____Group #:_____

Billing Address:_____

_____

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For our record keeping please answer the following:

Has this child been a student of U.V.G. before? _____YES _____NO
If yes, please give approximate date:_____
How did you learn of Umpqua Valley Gymnastics:_____

(OVER)
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