

Enrollment Form



Student's Last Name: _____

Student's Name (please include last name if different)	(Circle) Male or Female	Student's Age	Date of Birth Month/Day/Year	(Circle One) Does your child have any allergy and/or medical condition that could be adversely affected by exercise? If yes, please explain.
	M F			Yes/No
	M F			Yes/No
	M F			Yes/No
	M F			Yes/No

Contact Information

Mother: First: _____ Last: _____ **Father:** First: _____ Last: _____

Street Address: _____ City: _____ Zip: _____ Home Phone: _____

Mother's Cell Phone: _____ Mother's Work Phone: _____ Father's Cell Phone: _____

Father's Work Phone: _____ E-mail Address: _____

Emergency Contact

In the event of an emergency and a parent/guardian cannot be reached, please call:

Name: _____ Relationship to student: _____

Home Phone: _____ Cell Phone: _____

(Initial) _____ I have received the Hot Spot Gymnastics Member Policies and will go over them with my child.

(Initial) _____ I understand that while Hot Spot Gymnastics makes every effort to remind me, it is ultimately my responsibility to make note of the FDD (Final Due Date) which is two weeks prior to the start of each session, and that payment needs to be received by Hot Spot on or before this date to prevent my child(ren) from being dropped from their current class(es).

How did you first hear about Hot Spot Gymnastics?

____ School
____ Friend

____ Newspaper
____ Lifestyle Magazine

____ Hot Spot Gymnastics Website
____ Other _____