



4 Gold Mine Rd  
Flanders, NJ 07836  
973-347-2771  
csgymnasticsinc@gmail.com

# CS GYMNASTICS

## STUDENT INFORMATION FORM

NEW  CHANGE

<b>FAMILY'S LAST NAME:</b> _____
<b>STUDENT'S NAME:</b> _____
<b><u>INFORMATION</u></b>
DATE OF BIRTH    ____/____/____                      GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
MEMBERSHIP RENEWAL DATE                      _____
USAG/IGC NUMBER : _____

<b><u>EMERGENCY CONTACT INFO (OTHER THAN PARENTS)</u></b>
1) NAME: _____
RELATIONSHIP: _____
PHONE #                      _____                      ALT PHONE #                      _____
2) NAME: _____
RELATIONSHIP: _____
PHONE #                      _____                      ALT PHONE #                      _____

<b><u>OTHER INFORMATION</u></b>
SCHOOL DISTRICT: _____
PREVIOUS EXPERIENCE (GYMNASTICS/DANCE/CHEER/KARATE): _____
_____
_____

## **MEDICAL INFORMATION**

HOSPITALPREFERRED: \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_

PHYSICIAN'S PHONE: \_\_\_\_\_

INSURANCE CARRIER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

LEARNING/PHYSICALLY CHALLENGED:  YES  NO IF YES, DESCRIBE: \_\_\_\_\_

IF CHILD HAS ADD/ADHD, WILL THEY BE MEDICATED DURING CLASS?  YES  NO

CHECK AND DESCRIBE IF APPLICABLE:

ALLERGIES:  YES  NO \_\_\_\_\_

REQUIRED MEDICATIONS:  YES  NO \_\_\_\_\_

PREVIOUS MAJOR INJURIES:  YES  NO \_\_\_\_\_

CHRONIC/RECURRING INJURIES:  YES  NO \_\_\_\_\_

## **AGREEMENT**

- I AM THE LEGAL GUARDIAN FOR THIS STUDENT AND I AGREE TO ENROLL HIM/HER AS A STUDENT OF CS GYMNASTICS
- I VERIFY THE ABOVE INFORMATION IS TRUE AND ACCURATE. IN THE EVENT OF AN EMERGENCY, I UNDERSTAND THAT I WILL BE NOTIFIED AS SOON AS POSSIBLE.
- I GRANT PERMISSION AS PARENT/GUARDIAN FOR MY CHILD TO BE TAKEN TO THE ABOVE STATED PREFERRED HOSPITAL.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE