



EAST COAST GYMNASTICS CHEER AND DANCE

Student Information

Student

Last Name: _____	First Name: _____
Birthday: _____	

Class Information

(Coaching Staff Only)
Coach: _____ Day(s) M T W R F Time _____

Parent or Guardian

<i>Address correspondence to:</i>			
Last Name _____	First Name _____		
Relationship _____			
Last Name _____	First Name _____		
Relationship _____			
Address 1 _____			
City _____	State _____	Zip _____	
Address 2 _____			
City _____	State _____	Zip _____	
Home Phone _____	Work/Daytime Phone _____		
Cell Phone _____	Email Address _____		

Emergency Contact

Name _____	Relationship _____
Home Phone _____	Work/Daytime/Cell _____

Medical Information

Doctor/Clinic _____			
Address _____			
City _____	State _____	Zip Code _____	
Office Phone _____	After Hours _____		
Allergies	NO Yes, _____		
Medication(s)	NO Yes, _____		
Medical Problems	NO Yes, _____		

Insurance Information

Company Name _____			
Insured Name _____	Policy Number _____		