

T/O Confirm: _____

T/O Follow Up: _____

NEW

RETURNING

CURRENT



REGISTRATION INFO

Date _____

Coach _____

HOME TELEPHONE # () _____

Both PARENT's (Guardian) Names: _____ ☐mother ☐father
 (First) (Last)
 _____ ☐mother ☐father
 (First) (Last)

Address _____
 (Street) (City) (Zip)

Work () _____ Who? _____

Emergency () _____ Who? _____

Cell Phone () _____ Who? _____

E-mail Address*: _____

*(Your email address will be kept private. Tricks will send newsletters, COUPONS, past due reminders, special event info, etc.) Help us save paper!

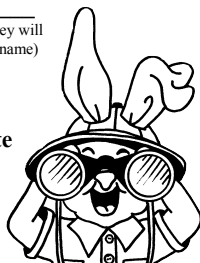
Student Info

_____ (First)	_____ (Last)	Male/Female _____	_____ Birth Date	_____ Class Code
_____ (First)	_____ (Last)	Male/Female _____	_____ Birth Date	_____ Class Code
_____ (First)	_____ (Last)	Male/Female _____	_____ Birth Date	_____ Class Code

Medical Comments: _____

How did you find us? (Check One)

- ◇ Friend _____
 ► Tell us who referred you and they will receive a \$10 credit! (first & last name)
- ◇ Birthday Party
- ◇ Internet search/website
- ◇ Drive By
- ◇ TV/Radio
- ◇ Other _____



(For Office Use Only)

_____ Entered "male/female"

_____ T-shirt given

_____ Same day registration

Office Initials: _____

Host: _____

AMOUNT DUE

Membership fee is no longer due!!!

Current tuition due \$ _____

Other: _____ \$ _____

TOTAL: \$ _____



Tricks Gymnastics, Inc.

TRICKS Policies

I hereby declare that the office staff has fully explained TRICKS policies, including due dates, payment options, and notification requirements. Make-up procedures have also been explained and I agree to abide by these policies.

Signature: _____