



The Gym Park Corp.  
81 Oak Street Greenpoint N.Y. 11222  
(718) 349-6627  
[Info@TheGymPark.com](mailto:Info@TheGymPark.com)

Class: \_\_\_\_\_  
Day : \_\_\_\_\_  
Time: \_\_\_\_\_

## **The Gym Park Participant Membership Registration Form**

### **Participant Information** (Please fill out all applicable fields) Previous Member: Yes \_\_\_ No \_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Home Address \_\_\_\_\_ Apt# \_\_\_\_\_ Home Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Birth Date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ Gender \_\_\_ Student E-Mail \_\_\_\_\_  
Health Insurance Policy Name & Number \_\_\_\_\_  
School Name \_\_\_\_\_ Grade Level \_\_\_\_\_

### **Parents/Legal Guardians Info** (If participant is under the age of 18, this information is required)

Parent #1 Last Name \_\_\_\_\_ Parent #1 First Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Parent #2 Name \_\_\_\_\_ Parent #2 First Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Parent #1 E-Mail \_\_\_\_\_ Parent #2 E-Mail \_\_\_\_\_

### **Emergency Information Required:** (Someone other than parent if participant is under 18)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Family \_\_\_ Friend \_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Caregiver Name: \_\_\_\_\_ Phone: \_\_\_\_\_

THE GYM PARK CORP. will not register any student in THE GYM PARK program without the waiver form on the back of this page being executed, and the medical clearance form fully filled out by a physician.

THE GYM PARK CORP. Registration Fee is non-refundable and non-transferable.

**Please Make Checks Payable to:** The Gym Park Corp.

I understand and comply with THE GYM PARK CORP. RULES AND REGULATIONS submitted with THE GYM PARK CORP. Registration Packet, and I have signed the POLICIES AND WAIVER form on the back of this page.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Payment \$ \_\_\_\_\_ Cash/Check #: \_\_\_\_\_

Balance \$ \_\_\_\_\_