

GEMS CHEER STARS

TUMBLING REGISTRATION

STUDENT INFORMATION

Full Name:			Phone #:
Address:			Cell #:
City:	State: NJ	Zip:	e-mail:
School:	Grade:	Class Level:	Day of class:
OFFICE USE ONLY:			

MOTHER'S INFORMATION

Mothers Full Name:			Phone #:
Home Phone #:	Work Phone:		Cell #:
City:	State:	Zip:	e-mail:
Place of Employment:			Work #:

FATHER'S INFORMATION

Father's Full Name:			Phone #:
Address:			Cell #:
City:	State:	Zip:	e-mail:
Place of Employment:			Work:

EMERGENCY CONTACT INFORMATION

Full Name:			Phone #:
Address:			Cell #:
City:	State:	Zip:	Work #:
Relationship to student:			

STUDENT MEDICAL INFORMATION

Physician's Name:		Phone #:
Preferred Hospital:		
Are there any medical conditions we should be aware of?		
Student currently taking any medications?	If so, what?	

SIGNATURES

*Student Signature:	Initial for on-line Registration :	Date:
*Parent's Signature:	Initial for on-line Registration :	Date:

*You can e-mail this form to Gemscheerstars@aol.com, however, you must print a copy, sign it, and bring to registration.