



# ATHLETE REGISTRATION FORM

Balance 180 Gymnastics & Sports Academy

6527 NW 18<sup>th</sup> Drive, Gainesville, FL 32653

balance180gym@gmail.com

www.balance180.org

Athlete's Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First)

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Class: Adaptive/Recreational (circle one)

Basic Health Information - List any medical condition or disability:

\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_ Regular Medication: \_\_\_\_\_

Is there anything that you think we should know before he/she participates?:

\_\_\_\_\_  
\_\_\_\_\_

Does he/she attend a formal preschool or school program: Yes / No

Name of School: \_\_\_\_\_ Grade/Year \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First)

Email: \_\_\_\_\_ Home # \_\_\_\_\_

Address: \_\_\_\_\_ Work # \_\_\_\_\_

\_\_\_\_\_ Cell # \_\_\_\_\_

What is your relationship to the Participant you are registering: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone # \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

I have read the policies and regulations of Balance 180 Gymnastics & Sports Academy. I have discussed these with my child and he/she and I agree to the policies and regulations. I allow my child to participate in the gymnastics/sports activities. I understand that tuition payment is due on the 1<sup>st</sup> of each month, and that a \$10 late fee is added if my payment is overdue by 10 days.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about Balance 180? \_\_\_\_\_

## FOR OFFICE USE ONLY

Annual Registration: \_\_\_\_\_ Monthly Tuition: \_\_\_\_\_ TOTAL Fees Due Today: \_\_\_\_\_

Payment Method: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_