



# ATHLETE REGISTRATION FORM

Balance 180 Gymnastics & Sports Academy  
6527 NW 18<sup>th</sup> Drive, Gainesville, FL 32653  
balance180gym@gmail.com  
balance180.org • (352) 340-1180

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

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ Class Day(s): Mon Tues Wed Thurs Fri Sat  
Class Time: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

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?:  
\_\_\_\_\_

Is your child  right handed or  left handed? This helps us know which direction to teach certain skills!

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

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

Occupation: \_\_\_\_\_ Place of Work: \_\_\_\_\_

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

Address: \_\_\_\_\_ Cell # \_\_\_\_\_

Work # \_\_\_\_\_

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

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

**Did you know Balance 180 is a nonprofit?**  
We are always looking for people to join our team by volunteering their time and talents. We would be so grateful for your help and would appreciate you sharing your expertise with us. Please indicate below if you would be interested in joining us as a volunteer::  
 **Yes, I would like to volunteer!**  **No, thank you.**

I have read, understood and agreed to the policies and regulations of Balance 180 Gymnastics & Sports Academy. I allow my child participate in the gymnastics/sports activities. I understand that tuition payments are due on the **1<sup>st</sup> of each month**, and that a \$10 late fee is charged if my payment is received after the 10<sup>th</sup> of the month/session. I also understand that I need to provide advance notice in writing to balance180gym@gmail.com by the **20<sup>th</sup> of the last month that my child will be actively enrolled** if my child will be taking a break or discontinuing enrollment in the upcoming month(s).

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

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