

Emerald City Academy of Rhythmic Gymnastics LLC.

Key Information Form

Today's Date: _____	<input type="checkbox"/> New Student <input type="checkbox"/> Info Change <input type="checkbox"/> Renewal
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Childs Name	Date of Birth	Sex (Circle)
1 _____ Child 1 School: _____	_____	M / F
2 _____ Child 2 School: _____	_____	M / F

Mother/Guardian Name: _____		
Father/Guardian Name _____		
Address: _____		
City: _____	State: _____	Zip: _____
Home Phone: _____	E-mail: _____	
Mother Work Phone: _____	Father Work Phone: _____	
Mother Cell Phone: _____	Father Cell Phone: _____	

Note: Please provide email address as it is our preferred communication method

Medical Alert / Allergies / Physical Limitations? _____	
Emergency Contact: _____	Emergency Ph.: _____
Physician's Name: _____	Physician Phone: _____
Insurance Company: _____	Policy/Med. Rec.#: _____

How did you hear about us?
<input type="checkbox"/> Current Student – Please Name: _____ <input type="checkbox"/> Banner by School <input type="checkbox"/> Sign <input type="checkbox"/> Web Site <input type="checkbox"/> Magazine/Ad <input type="checkbox"/> Birthday Party <input type="checkbox"/> Other

I acknowledge that I have read and signed the Emerald City Academy of Rhythmic Gymnastics, LLC. ("ECARG") Waiver and Release Form and that I fully understand each provision of it. I further agree that ECARG may use photographs, video or other likeness of my child(ren) in its marketing or other promotional material, including its website.

Parent/Guardian: _____ Date: _____

Class Day(s) Mon Tues Wed Thurs Fri Sat Camp