

Fayette Academy Gymnastics Classes

Complete this form and return with payment to reserve class. This form must be presented prior to participating in this activity.

Activity: _____

Session: _____

Name: _____ **Age:** _____ **Grade** _____

Email: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Phone #: _____

Guardian _____

Cell Phone #: _____

Emergency Contact Name: _____

Phone #: _____

Insurance information (name of company and number):

Day and Time preferred _____

Registration _____ **Tuition** _____