

Trousdell Gymnastics Center

Class Request Form (please fill out this information completely)



Participant Information

First Name:			Last Name:		
Birthdate:	Age:	<input type="radio"/> Male <input type="radio"/> Female	School:	Grade:	
Address:			City:	State:	ZIP:
Primary Phone (circle one: home parent 1 parent 2)			Primary Email Address (circle one: parent/guardian 1 parent/guardian 2)		
Parent/Guardian 1 Name:			Parent/Guardian 2 Name:		
Employer:			Employer:		
Work Phone:			Work Phone:		
Cell Phone:			Cell Phone:		
Doctor's Name & Phone #:			Additional Emergency Contact name & phone # (other than parents):		
Any medical conditions, allergies, or special circumstances that affect participation in class:					

Permission to Participate

Participant's Name: _____

It is agreed by my signature below, that in the event that I or my child is disabled, injured, or incurs disease of a temporary or permanent nature while participating, to waive any and all claims or liabilities against the City of Tallahassee Department of Parks, Recreation and Neighborhood Affairs; the City of Tallahassee, Florida; and/or staff of said activities and programs. The City of Tallahassee Department of Parks, Recreation and Neighborhood Affairs reserves the right to photograph/videotape facilities, activities, and program participants for potential future use. All photos/footage will remain the property of the Department of Parks, Recreation and Neighborhood Affairs and may be used for publicity or promotion only.

It is suggested that you participate in this program under your physician's advice.

Date Signature of Parent (or Adult Participant)

Registration (please give at least three choices that will work for you if at all possible)

Current Teacher's Name: _____ Previous Class Number: _____

Teacher Recommendation for Next Session:

Choice	Class #	Class Description	Days	Time	Class Fee
1st					
2nd					
3rd					
4th					

For Office Use Only	Date Rec'd: _____	Rec'd By: _____	Check	Money Order	Cash	PAY LATER
	_____	_____	_____	_____	_____	_____
	Class Fee - Discount Amt. = Amount Owed		Check, MO, or Receipt #			Total Amount Paid