

Infinite Gymnastics' Leap-N-Learn Cyber Academy



Registration Form

Name: _____ Date of Birth: ____/____/____ Age: _____

School: _____ Grade: _____

Address: _____

Parent's Name: _____ Phone Number: _____

Parent's Name: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Relationship to Child: _____

Person Authorized to Pick Up Other Than Parents: _____

Address: _____

Relationship to Child: _____ Phone Number: _____

Person Authorized to Pick Up Other Than Parents: _____

Address: _____

Relationship to Child: _____ Phone Number: _____

Student's Health Information

Current Ailments, Injuries, or Other Concerns: _____

Allergies: _____

Preferred Medical Facility in Case of Emergency and Parents and Emergency Contact cannot be reached:

Address: _____

Physician's Name: _____ Phone Number: _____

Permission for Photo Release

Please Check Your Preference

I hereby grant permission to Infinite Gymnastics to use my child's image (photographs and/or video) for use in Media publications, including: Videos, Email Blasts, Recruiting Brochures, Newsletters, Magazines , General Publications, Website and/or Affiliates, and Social Media.

I DO NOT grant permission to Infinite Gymnastics to use my child's image (photographs and/or video) for use in Media publications, including: Videos, Email Blasts, Recruiting Brochures, Newsletters, Magazines , General Publications, Website and/or Affiliates, and Social Media

Thank you for supporting

