

Trousdell Gymnastics Center

Class Request Form

Please fill out this information completely.



Participant Information

Web Form – Verify Recommendation, if Applicable

First:		Middle Initial:		Last:	
Birthdate:	Age:	Sex: <input type="radio"/> Male <input type="radio"/> Female			
Address:					
City:		State:	Zip:	School:	Grade:
Home Phone:			Email address:		
Mom's Name:			Dad's Name:		
Mom's Employer:			Dad's Employer:		
Mom's Work Phone:			Dad's Work Phone:		
Mom's Cell Phone:			Dad's Cell Phone:		
Doctor and Phone #:			Emergency Contact and Phone #:		
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 I am disabled, injured, or incur 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

Current Teacher's Name: _____		Previous Class Number: _____					
Teacher Recommendation for Next Session: _____							
Choice	Class #	Class Description	Days	Time	Class Fee		
1st							
2nd							
3rd							
For Office Use Only		Date Rec. _____	Rec. By _____	Check	Money Order	Cash	CC
_____	-	_____	=	_____			
Class Fee	Discount Amount	Amount Owed	check, MO, or receipt #		Total Amount Paid		