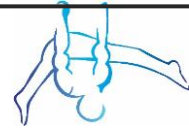




Aspire Gymnastics Dubai



REGISTRATION FORM

Please read and complete this form (in capitals).

STUDENT DETAILS	
First Name	
Surname	
Date of Birth	
Gender	M <input type="checkbox"/> F <input type="checkbox"/>
Previous gymnastics experience	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, specify level (if known)	
Medical Conditions	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, please specify	
CONTACT INFORMATION	
Parent/Guardian name	
Contact number	
Email Address (please write clearly)	
Emergency Contact number	

MEMBERSHIP DECLARATION

- I confirm that the above information is true.
- I have read and confirm that I understand the accident waiver and release of liability form and agree to its terms and conditions.
- I have read and confirm that I understand the gymnasium rules and safety guidelines and agree to its terms and conditions.

Date:

Parent/Guardian Signature:

For Office Use Only		
Database updated <input type="checkbox"/>	Payment received <input type="checkbox"/>	Receipt number <input type="text"/>