



SouthEast Alabama Gymnastics Academy

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STUDENT'S NAME _____ Boy or Girl DOB _____ AGE _____

HOME ADDRESS _____ STREET _____ CITY _____ STATE _____ ZIP _____ SCHOOL _____

EMAIL _____ (All Statements will be emailed unless otherwise specified)

HOW DID YOU HEAR ABOUT US? _____

STUDENT LIVES WITH: Both parents Mother or Father (circle) Joint Cust. Other _____ Name and relationship to child

MOTHER'S NAME _____

FATHER'S NAME _____

HOME PHONE # _____

HOME PHONE # _____

CELL PHONE # _____

CELL PHONE # _____

EMPLOYER _____

EMPLOYER _____

WORK PHONE # _____

WORK PHONE # _____

PERSON RESPONSIBLE FOR PMT _____ Name _____ Relationship to child _____ Address _____ Home Phone # _____

EMERGENCY CONTACT (other than parents) _____ Name _____ Relationship to child _____ Phone Number _____

ALLERGIES/MEDICAL CONDITIONS _____

I release SEAGA Gymnastics, its directors and staff and representatives from any and all responsibility and liability due to accident or injury sustained during participation in SEAGA activities. I am aware that in gymnastics, as in any sport involving height and motion, the possibility of serious injury and/or paralysis or even death is present. The child named above has my full consent to participate in the SEAGA Program. I fully authorize any emergency medical attention to be performed on the above named minor child. As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses, which may be incurred by my child as a result of any injury, sustained while training or performing for SEAGA. I also release any photos/videos of my child to be used for promotional purposes at the discretion of SEAGA Gymnastics.

Signature of Parent/Guardian _____ Date _____

***** FOR OFFICE USE ONLY *****

CLASS TYPE _____ CLASS DAY _____ TIME _____ START DATE _____ GROUP _____ MONTHLY FEE _____ REG. FEE PD _____ CLASS FEE PD _____ OTHER PD _____