



Date: _____

Last Name: _____

Registration Form

* please print on both sides *

GUARDIAN 1 (info to be used for primary contact and billing)		
First Name:	Last Name:	
Address:	City:	Zip:
Phone (cell):	Phone (home/work):	
Email:		

GUARDIAN 2		
<input type="checkbox"/> Same address		
First Name:	Last Name:	
Address:	City:	Zip:
Phone (cell):	Phone (home/work):	
Email:		

CHILD 1			
<input type="checkbox"/> Same address			
First Name:		Last Name:	
Gender:	Age:	D.O.B.:	Grade:
Address:		City:	Zip:
Food allergies/restrictions:			
Class:	Day:	Time:	Cost:

CHILD 2			
<input type="checkbox"/> Same address			
First Name:		Last Name:	
Gender:	Age:	D.O.B.:	Grade:
Address:		City:	Zip:
Food allergies/restrictions:			
Class:	Day:	Time:	Cost:

CHILD 3			
<input type="checkbox"/> Same address			
First Name:		Last Name:	
Gender:	Age:	D.O.B.:	Grade:
Address:		City:	Zip:
Food allergies/restrictions:			
Class:	Day:	Time:	Cost:

EMERGENCY CONTACTS (after guardians)	
Full Name:	Full Name:
Phone:	Phone:



Date: _____

Last Name: _____

How did you hear about us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Website	<input type="checkbox"/> Social Media
<input type="checkbox"/> Current student - _____	<input type="checkbox"/> Affiliated program - _____	<input type="checkbox"/> Other - _____

I have a child enrolled in another Camp West Woods program:

<input type="checkbox"/> Academy Preschool	<input type="checkbox"/> Summer Camp	<input type="checkbox"/> Vacation Camp	<input type="checkbox"/> Mad Science
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I would like to learn more about:

<input type="checkbox"/> Academy Preschool	<input type="checkbox"/> Summer Camp	<input type="checkbox"/> Vacation Camps	<input type="checkbox"/> Birthday Parties	<input type="checkbox"/> Mad Science
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Please submit this form along with the following requirements to:

TNT Gymnastics 808 West St. Stoughton, MA 02072

We accept cash or check only - payable to "Tumble "N" Twist Gymnastics".

- \$35/Individual or \$50/Family Registration fee
- Non-refundable \$50/child tuition deposit
- Signed TNT Safety Waiver and Photo/Social Media Release Form

Guardian Signature: _____ **Date:** _____

For Office Use Only

REG FEE:	DEPOSIT:	TUITION:	DISC:
TOTAL:	PAID:	CK #/DATE:	