

GYMPORT REGISTRATION FORM

42 B MID TECH DRIVE WEST YARMOUTH, MA 02673
508-771-5227 WWW.GYMPORTKIDZ.COM

PARENT'S NAME

ADDRESS

HOME PHONE

CELL PHONE

TEXT: YES/NO

EMAIL

CHILD'S NAME

BIRTHDATE

ARE THERE ANY MEDICAL CONDITIONS OR ALLERGIES WE SHOULD BE AWARE OF?

EMERGENCY CONTACT

PHONE

HOW DID YOU HEAR ABOUT US?

CLASS DAY/TIME

**PLEASE TURN OVER AND SIGN/DATE
THE WAIVER ON THE BACK**

OFFICE USE ONLY

ICLASS PRO

AUTO-PAY

STAFF INTIAL

DATE

