

# SILHOUETTES REGISTRATION FORM

Gymnasts Name \_\_\_\_\_

Last

First

Birthday Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Mother \_\_\_\_\_

Address \_\_\_\_\_

# Street Name

Postal Code

Phone Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Father \_\_\_\_\_

If different than above

Address \_\_\_\_\_

# Street Name

Postal Code

Phone Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Resident Seven Oaks School Division Yes \_\_\_ No \_\_\_ Please check one

Emergency Contact If parents cannot be reached

Name \_\_\_\_\_ Number \_\_\_\_\_

Medical conditions \_\_\_\_\_

Level \_\_\_\_\_ Day \_\_\_\_\_ Please Fill out

