

**INFINITY GYMNASTICS ACADEMY
COMPETITIVE TEAM GYMNAST REGISTRATION FORM**

Date: _____

Gymnast Name: _____ **Level:** _____

Date of Birth: _____ **USAG#:** _____

Parent(s): _____

Address: _____ **Home Phone:** _____

Cell Phone: _____ **Cell Phone:** _____
(Mom) (Dad)

Work Phone: _____ **Work Phone:** _____
(Mom) (Dad)

***Occupation/Special Skills:** _____ **Occupation/Special Skills:** _____
(Mom) (Dad)

e-mail: _____

Gymnast's School _____

Gymnast's School District _____

Please notify us if there are any changes to your address, phone number, or e-mail throughout the year.

* At times throughout the year we may need help or advice on an event or project. By filling out your occupation and/or special skills we could determine if our own team family member may have a certain expertise or a connection that would assist us. It is not mandatory that you fill this part out, but it would be helpful.