

**--- for office use only ---**

**Trial Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_**\_

**Class: \_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Day(s) : M / T / W / TH / F / Sa Time : \_\_\_\_\_\_\_\_\_\_\_**

**Start Date: \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_**

**Tuition: $\_\_\_\_\_\_\_\_\_\_ Prorate: $\_\_\_\_\_\_\_\_\_\_\_ Registration : $\_\_\_\_\_\_\_\_ Total due : $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payment : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Athlete Enrollment Form

Today’s Date : \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_

**Athlete Information** **:**

Name : (first) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (middle) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthday : \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_ M ­­\_\_\_ F \_\_\_ Age : \_\_\_ Home phone : (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_

Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ST : \_\_\_ Zip: \_\_\_\_\_\_

School : ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade : \_\_\_\_\_

**Parent / Guardian Contact Information :**

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship :\_\_\_\_\_\_\_\_\_\_\_ Cell : (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_

Place of work : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone : (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship :\_\_\_\_\_\_\_\_\_\_\_ Cell : (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_

Place of work : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone : (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_

E-mail : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact (In case parents can’t be reached):**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone : (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_

**Athlete Medical Information :**

Please list any known allergies/ medications/ medical conditions that the staff should be aware of :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Co. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy # : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Doctor : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone : (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_

How did you hear about Rigert Elite Gymnastics? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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