



Student Enrollment Form
Please PRINT



Today's Date _____

Student's Information

First Name _____ Middle Name _____ Last Name _____

Birth Date _____ Preferred Name/Nickname _____

Known Medical Conditions that would affect the performance and/or safety of the student (ex. asthma, heart problems, vision or hearing problems, etc.) _____

Parents'/Guardians' Information

Female Parent's/Guardian's Full Name _____

Female Parent's/Guardian's Place of Work _____

Female Parent's/Guardian's Cell Phone No. (____) _____ - _____

Female Parent's/Guardian's E-mail Address _____

Male Parent's/Guardian's Full Name _____

Male Parent's/Guardian's Place of Work _____

Male Parent's/Guardian's Cell Phone No. (____) _____ - _____

Male Parent's/Guardian's E-mail Address _____

Person Responsible for Account Payment _____

Home Street Address _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ - _____

Mailing Address (If different from Home Address) _____

City _____ State _____ Zip Code _____

Photo Release: Occasionally CGC photographs students as they participate in class. These photos are not shared with other businesses or entities.

May we have your permission to use your child's photo for gym publicity purposes only? Yes No

Emergency Contact's Name & Phone No. _____

Emergency Contact's Relationship to the Student: _____

* By signing this form you indicate that all information is complete and correct.

Parent/Guardian Signature _____ **Date** _____

- Payment Options:**
1. Automatic bank draft (PREFERRED METHOD)
 2. Pay in person at Champions with cash, check, debit card or credit card on or before the first of the month.

Indicate your method of payment for the monthly tuition and annual registration/membership fee:

_____ Automatic Bank Draft (requires a completed form and a voided check)

_____ Pay in person at Champions with cash, check, debit card or credit card

* I understand that if I my child's tuition is not paid each month he/she will not be allowed to participate in class until the account balance is paid in full.

Parent/Guardian Signature _____ **Date** _____