



Gem Cloggers Registration Form 2011-2012

student's picture
(optional)

STUDENT'S NAME: _____

BIRTHDATE: _____/_____/_____ GRADE: _____

GUARDIANS: _____

HOME PHONE: _____ CELL PHONE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS (used only for newsletters, bills, or other pertinent studio correspondence):
(Please print clearly) _____

EMERGENCY CONTACT WHEN UNABLE TO REACH GUARDIANS:

NAME: _____ PHONE: _____ RELATION: _____

HEALTH PROBLEMS (affecting clogging or ones we should be aware of including food allergies):

CLOGGING EXPERIENCE: _____

LIST ANY OTHER FAMILY MEMBERS (siblings or parents) WHO ARE GEM CLOGGERS:

★ HOW DID YOU FIND OUT ABOUT US? (New cloggers only):

Release of Liability:

By signing below, I acknowledge that I am the above named student's parent, legal guardian, or responsible party, and understand that I nor any other parent, legal guardian, or responsible party of the student will hold Gem Cloggers responsible for injuries sustained by the student during any associated clogging activities. I also give my consent and permission to Gem Cloggers staff to give reasonable aid to the student in case of a medical emergency. I also give my permission for the student to participate in all Gem Cloggers activities for the year 2011-2012.

X _____
Parent or Legal Guardian

Date

Name (Last, First):	Emmett:	Team:	Reg Fee:	Payment Policy:	Comp Contract:

For Office Use Only