

**Stingray Gymnastics All Stars**  
2017-18  
Tryout Registration

Gymnast's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Birthday: \_\_\_\_\_ Best Phone # to reach parent: \_\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_

Mom Name: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Moms Facebook name or email \_\_\_\_\_

Dad Name: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Dads Facebook name or email \_\_\_\_\_

List other information here (guardian name & #, work #s, etc)

\_\_\_\_\_

Emergency Contact & #, other than parent \_\_\_\_\_

Gymnast Experience/Background

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Please circle T-Shirt Size: Youth XS Youth S Youth M Youth L Youth XL/Adult XS Adult S Adult M



