

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

