



Global Rhythmic Academy Registration Form

Registration Fee: \$35 (Annual)

Student's Name: _____

Student's Date of Birth: _____

Parent's/Legal Guardian's Name: _____

Street Address: _____

City: _____ State: ____ Zip: _____

Main Phone: _____ Other Phone: _____

Email: _____

Circle Day/Days Attending: Mon Tues Weds Thurs Fri Sat

Circle Level: Beg Int Adv Team

How did you hear about Global Rhythmic Academy?: _____

Emergency Contact: _____ Relationship: _____

Main Phone: _____ Cell Phone: _____

Health Insurance Carrier: _____ Family Doctor: _____

Phone Number: _____

Other person authorized to pick up: _____

Has your child had any serious illness, injury, or surgery? If yes, please give date(s) and describe:

Please list any allergies to or sensitivities to food, drugs, chemicals, medication or insect bites the participant may have.
