



Global Rhythmic Academy Class Registration Form

Student's Name: _____

Street Address: _____

City: _____ State: ___ Zip: _____

Home Telephone Number: _____

Date of Birth: _____

Parents/Legal Guardian's Name: _____

Day Phone: _____ Primary Email: _____

How did you hear about Global Rhythmic Academy?: _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Health Insurance Carrier: _____ Family Doctor: _____

Phone Number: _____

Other persons authorized to pick up: _____

Has the student 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.
