



**Gymnastics Academy of Charleston After School Program Registration Form**

Student \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Parent Phone Numbers \_\_\_\_\_

Contact Email Address \_\_\_\_\_

Emergency Contact (Name) \_\_\_\_\_

Emergency Contact (Number) \_\_\_\_\_

Individuals Authorized to Pickup Student Names and Phone Numbers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I have read the Gymnastics Academy of Charleston guidelines and policies on the Parent Portal and acknowledge my receipt and understanding of the After School Program guidelines as listed above.*

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_