



FUN STAR CALISTHENIC ACADEMY

REGISTRATION FORM

CHILDS FULL NAME:.....

SEX:..... **DATE OF BIRTH:**.....

ADDRESS:.....

TELEPHONE NUMBER:.....

PREVIOUS CALISTHENICS CLUB ATTENDED:.....

PUPIL SKILLS LEVEL ATTAINED:.....

NAME OF PERSON RESPONSIBLE FOR BRINGING CHILD TO CLASS:
.....

RELATIONSHIP TO CHILD:.....

CONTACT ADDRESS IF DIFFERENT TO ABOVE:.....

CONTACT TELEPHONE NUMBER:.....

**I..... GIVE PERMISSION FOR MY CHILD'S
IMAGE TO BE USED WHERE NECESSARY FOR ADVERTISING AND/OR
PROMOTION OF FUN STAR CALISTHENIC ACADEMY INC. THIS MAY
INCLUDE PRINT, INTERNET, TELEVISION OR OTHER FORMS OF
PUBLICATION.**

SIGNED.....

DATE.....