

# Funtastic Gymnastic LLC. Registration Form

<b>GENERAL INFORMATION</b>									
Child's Last Name		First			SEX	DOB			
Adult's Last Name		First			M.I.	How Related?			
Street Address					Apartment/Unit #				
City		State		ZIP		Phone			
E-mail Address					Work Phone				
Guarantor's (Insured) Name		First			M.I.	How Related?			
Street Address					Apartment/Unit #				
City		State		ZIP		Phone			
E-mail Address		Social Security No.			Date of Birth				
Employer Name									
Street Address									
City		State		ZIP		Phone			
<b>INSURANCE COMPANY</b>									
Name		Policy#			Effective Date (if available)				
Street Address									
City		State		ZIP		Phone			
Other Name		Policy#			Effective Date (if available)				
Street Address									
City		State		ZIP		Phone			
<b>PLEASE INCLUDE A COPY OF YOUR INSURANCE CARD BOTH FRONT AND BACK</b>									
<b>ADDITIONAL CONTACT INFORMATION (OPTIONAL)</b>									
Name		First			M.I.	How Related?			
Street Address					Apartment/Unit #				
City		State		ZIP		Phone			
E-mail Address					Work Phone				
Name		First			M.I.	How Related?			
Street Address					Apartment/Unit #				
City		State		ZIP		Phone			
E-mail Address					Work Phone				
<b>MEDICAL INFORMATION</b>									

# Funtastic Gymnastic LLC.

## Registration Form

Prescribing Physician		Specialty	
Street Address			
City	State	ZIP	Phone
Diagnosis			

Does the participant take any medications?      YES     NO     If yes, list:

Does the participant have any allergies?      YES     NO     If yes, list:

Does the participant have any additional medical conditions our staff needs to be aware of?      YES     NO     If yes, list:

Are there any areas you wish our therapists to concentrate on?      YES     NO     If yes, list:

**SCHEDULING PREFERENCES**

What days of the week are you interested in? Check all available options.

<input type="checkbox"/> Sun. AM	<input type="checkbox"/> Mon. AM	<input type="checkbox"/> Tue. AM	<input type="checkbox"/> Wed. AM	<input type="checkbox"/> Thu. AM	<input type="checkbox"/> Fri. AM	<input type="checkbox"/> Sat. AM
<input type="checkbox"/> Sun. PM	<input type="checkbox"/> Mon. PM	<input type="checkbox"/> Tue. PM	<input type="checkbox"/> Wed. PM	<input type="checkbox"/> Thu. PM	<input type="checkbox"/> Fri. PM	<input type="checkbox"/> Sat. PM