



Child's Name _____ Male/Female _____ Age _____
Parent's Name _____ Phone # _____ Cell # _____
Address _____
Emergency Contact _____ Phone # _____
Weeks Child Will Be Attending _____
Days Child Will Be Attending:
A.M. Session _____ P.M Session _____ All Day _____
Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____
Friends to be grouped with:
1. _____ 2. _____ 3. _____
Allergies, Limitations, or Special Attention Needed: _____

* Please send in a \$40.00 non-refundable deposit per child to reserve your child's space to avoid disappointment.



In case of emergency, I understand that Junior Gym management will notify me or my emergency contact and should the gym be unable to locate either one, I hereby grant authority to the gym's staff to take temporary measures as they deem appropriate. I understand that the gym and/or its staff is not responsible for any lost clothing or lost valuables, or any medical expenses incurred. Please leave any and all valuables at home.
Signature of (parent or guardian) _____



(310) 479-2730



2218 Cotner Ave., West Los Angeles, CA 90064