

DETACH & RETURN THE BELOW REGISTRATION FORM & PAYMENT TO THE DROPBOX IN FRONT OF THE STUDIO BY JUNE 19 (for 6/26 clinic) or JULY 3 (for 7/10 clinic)
Child's Name: Age:
Clinic (Circle which your child will attend):
Cartwheels Back Handsprings Both
Parent/Guardian Name:
Parent/Guardian Phone Number:
Emergency Contact (Person other than parent):
Emergency Contact Phone Number:
A waiver form must be completed before your child can participate. These can be downloaded on our website & filled out prior to arrival, or filled out at the studio on the day of the clinic.
PLEASE PARK IN THE BACK OF THE BUILDING & USE THE ENTRANCE MARKED "LITTLE STARS GYMNASTICS"
Contact Sophia at 216-410-7637 with questions. 6876 Pearl Road, Middleburg Heights

www.littlestarsgymnastics.com