



The Ohio Gymnastics Institute, Inc.

5701 West Webb Road
Austintown, OH 44515

330-652-4386 (voice) / 330-652-4387 (fax) / TeamOGI@aol.com (E-mail) / www.MyTeamOGI.com (website)

STUDENT REGISTRATION FORM

(please complete both sides)

Last Name (student) First Name (student)

Last Name (mother) First Name (mother) Occupation

Last Name (father) First Name (father) Occupation

House # _____ Street _____

City State Zip

Home Phone Alternate Phone Alt. Contact Name
*****Two phone numbers are required - alternate # can be a cell or work # at which you can be reached**

email address

*any and all correspondence will be addressed as shown above - student name, C/O parent(s) listed.

Is your child a new or returning student? New Returning

Does another member of your immediate family currently attend classes at OGI? Yes No

If yes, who?

Has another member of your immediate family attended classes at OGI in the past? Yes No

If yes, who?

How did you hear about the Ohio Gymnastics Institute?

If from a friend, let us know who so they can receive a referral credit

Does your child have any physical or mental conditions of which we should be aware?