



GAC West Ashley After School Program Registration Form

Student _____ Grade _____

Address _____

Parent Phone Numbers _____

Contact Email Address _____

Emergency Contact (Name) _____

Emergency Contact (Number) _____

Individuals Authorized to Pickup Student Names and Phone Numbers:

I have read the West Ashley Gymnastics guidelines and policies on the Parent Portal and acknowledge my receipt and understanding of the After School Program guidelines as listed above.

Parent Signature _____

Date _____