



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 Gymnastics Academy of Charleston West Ashley 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 _____