

CLASS REGISTRATION FORM



Please fill out one form for each student.

Child / Adult Name: _____ Gender: Male Female

Birthdate (MM/DD/YYYY): _____ Age: _____

Completed Health and Waiver Form: YES NO

Waiver Form **MUST** be completed prior to class admission

Class Name / Description 1st Choice	Times	MON	TUE	WED	THR	FRI	SAT	SUN
Class Name / Description 2nd Choice	Times	MON	TUE	WED	THR	FRI	SAT	SUN

- Parents should be in communication with their instructors.
- If you have a question about your child’s class, please feel free to email or call your instructor.
- Children’s classes are cancelled for weather if the St. Louis Public Schools are closed.
- You will be notified by email from your instructor if a class is cancelled for any other reason.
- Please have your email on file with them for notification.

Gymnastics & Tumbling:

Ms. Stephanie Smith rogers812@gmail.com

Dance:

Ms. Claudia Farson cfarson0107@gmail.com

Tae Kwon Do:

Mr. Chad Beffa c.beffa@sbcglobal.net

Sport Stacking:

Ms. Lisa Berman lisaberman@rocketmail.com

Aerobics:

Ms. Carol Ganss 636-256-8629

Wed Night Adult Classes:

Mr. Jim Schuette 314-832-4156