



Registration Form

Athlete Name: _____ Age _____ Birthday _____ Grade _____

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Athlete Name: _____ Age _____ Birthday _____ Grade _____

Parent/Guardian Name(s): _____

Home phone: _____ Work phone: _____ Cell: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Interested in:

Cheer Prep	Tumbling	Youth Team	Breakdancing
Hip Hop	Private Training	Junior Team	Senior Team
Preschool Tumbling	Parkour	Tiny Team	Mini Team

How did you hear about Utah Peak Academy? (please circle) Flyer Mailer Friend Other _____

Referred By: _____

As a parent, what are your goals for your child at Utah Peak Academy?

Does your child have goals while at Utah Peak Academy? If so, what are they?