



Please print and fill out this registration form and place it in the Flying Angels Gymnastics pocket at school. Make your payment to: KIDPOWER

Workshop name and date _____

Your name (print) _____

Child's name (OPTIONAL) _____ Date of Birth _____

Your address _____ City _____ State ____ Zip _____

Telephone: Home _____ Email(clearly) _____

Signature _____

Would you like to receive our FREE monthly E-Newsletter full of useful safety tips, resources, and schedule information? We only email once a month and we never share your address with anyone.

YES NO

An essential part of improving our program is to follow up with people who have taken our classes to get their feedback, comments, support, and advice. This helps us to make our services better and to help others learn skills to stay safe. **We will be following up with you and very much look forward to your feedback and suggestions!**

KIDPOWER IS A PERSONAL SAFETY ORGANIZATION. WE DO NOT GIVE AWAY OR SELL PERSONAL INFORMATION TO ANY GROUP OR INDIVIDUAL FOR ANY REASON.