REGISTRATION FORM

STUDENT INFORMATION

Full Name _____

Date of Birth _____

Gender ☐ Male ☐ Female

Grade/Class _____

School Name _____

CONTACT INFORMATION

Home Address _____

_____

City _____ State ☐ ZIP

Parent/Guardian Name (s) _____

Phone Number(s) _____

Email Address _____

CLASS SELECTION

☐ _____

☐ Preferred Selssion _____

☐ Prefer1 _____

☐ Alternate Emergency Contact

MEDICAL & ALLERGY INFO

Known Medical Conditions _____

Allergies _____

Medications _____

Doctor's Name _____

Phone Number _____

PERMISSIONS AGREEMENTS

☐ Media Release

☐ Liability Waiver

☐ Emergency Treatment Authorization

SIGNATURE SECTION

_____

Parent/Guardian Signature

_____

Date

SIGNATURE SECTION

_____

Parent/Guardian Signature