

ADDITIONAL STUDENT INFORMATION

1.) Student's First Name _____ MI ____ Last Name _____
Age _____ Birth Date _____ Grade _____ Male _____ Female _____
Registered Class Day _____ Time _____ Group _____

Allergies? _____
Special Needs? _____
Medical Conditions of which we should be aware? (Add additional sheet if needed)

2.) Student's First Name _____ MI ____ Last Name _____
Age _____ Birth Date _____ Grade _____ Male _____ Female _____
Registered Class Day _____ Time _____ Group _____

Allergies? _____
Special Needs? _____
Medical Conditions of which we should be aware? (Add additional sheet if needed)

CONTACT INFORMATION

Student (s) lives with _____ Party responsible for bill _____
Mother's / Guardian's Name _____
Address Street _____
P.O. Box _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____
Email Address _____

Father's / Guardian's Name _____
Address Street _____
P.O. Box _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____
Email Address _____

ATHLETE EMERGENCY INFORMATION

EMERGENCY CONTACT (Other than parent / guardian) _____

Relationship (to student) _____
Home Phone _____ Cell Phone _____

Primary Care Physician _____ Contact # _____

How did you hear about our program? _____