



# REGISTRATION FORM

Registering for (circle one):      Class      Camp      Afterschool Program      Parent's Night Out

## FAMILY INFORMATION

Mother/Guardian's Name \_\_\_\_\_

Home Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_ Work Ph \_\_\_\_\_

Email \_\_\_\_\_

*(All emails are kept confidential and are used for gym-related communication. You can opt out of receiving emails at anytime)*

Father/Guardian's Name \_\_\_\_\_

Home Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_ Work Ph \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Emergency contact person *(if mother or father cannot be reached)*

\_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

## CHILD'S INFORMATION

Child's Name \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Allergies \_\_\_\_\_

Medical Conditions \_\_\_\_\_

For office use only:

Received: \_\_\_\_\_

Entered in system

Enrollment Form attached

Paid yearly regis. fee

Signed Waiver

Signed Policies