



# Registration Form

OFFICIAL USE ONLY


Childs Name: \_\_\_\_\_ M or F

Age: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Class: \_\_\_\_\_

Childs Name: \_\_\_\_\_ M or F

Age: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Class: \_\_\_\_\_

Parents/Legal Guardians: \_\_\_\_\_

Address: \_\_\_\_\_

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

Cell Phone:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Parent/Legal Guardian: \_\_\_\_\_ Texts: YES/NO

Cell Phone:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Parent/Legal Guardian: \_\_\_\_\_ Texts: YES/NO

Work Phone:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Referred By: \_\_\_\_\_

## Secondary Emergency Contact Information

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Cell Phone:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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