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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