

Cochrane Home Educators Gym Registration Form 2019/2020

Parents Information:

Name _____

Address _____

Phone Number _____

Email Address _____

Students Information:

Name _____

Birthdate (September 1, 2009) _____

Name _____

Birthdate _____

Name _____

Birthdate _____

Name _____

Birthdate _____

Name _____

Birthdate _____

If you require more space to list students, please do so on the backside of this form.

Emergency Contact Information

*Please take note that children under 12 must have a parent on site during programming. *

Please list all the individuals that will be onsite or responsible for your student during the duration of the program.

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Students Medical Information

Do you give our instructors the authorization to administer basic first aid if necessary? Y___ N___

Does your student have any allergies or conditions you think we should be aware of? If yes, please list:
(if you have multiple students in attendance please put their name first and their allergy or condition.

Photo and Name Release

I _____, allow Cochrane Home Educators to use my student(s) name and photos in promotional material on the website and social media.

Parent/ Guardian Signature

By not signing the above we understand and respect your choice and will not use any pictures or name identification when marketing on our website and social media outlets.

Office use only – Registration Paid y___ n___, (T1) (T2) (T3)