



REGISTRATION FORM

FAMILY INFORMATION

Mother/Guardian's Name _____

Home Ph _____ Cell Ph _____ Work Ph _____

E-mail _____

(All e-mails are kept confidential and are used for gym-related communication. You can opt out of receiving e-mails at any time.)

Father/Guardian's Name _____

Home Ph _____ Cell Ph _____ Work Ph _____

Address _____

City _____ State _____ Zip Code _____

Where did you hear about us? _____

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 _____ Birth date ____/____/____ Age _____

School _____ Grade _____

Medical Conditions _____

Disabilities _____

Special Needs _____

Allergies _____

Health Insurance? No _____ Yes _____ Health Insurance Company Name _____