



**Extended Hours/Open Gym Registration**



Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Parent(s)/Guardian(s) Names: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

May we send you emails about upcoming events? Yes No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency Contact Numbers:**

**1. Name:** \_\_\_\_\_

Relationship to you (Mom, Dad, Aunt, Brother etc.) \_\_\_\_\_

Phone Number/Numbers: \_\_\_\_\_

**2. Name:** \_\_\_\_\_

Relationship to you (Mom, Dad, Aunt, Brother etc.) \_\_\_\_\_

Phone Number/Numbers: \_\_\_\_\_

**3. Name:** \_\_\_\_\_

Relationship to you (Mom, Dad, Aunt, Brother etc.) \_\_\_\_\_

Phone Number/Numbers: \_\_\_\_\_

**\*Are there any special health concerns? (Example: Allergies)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_