

Extended Hours/Open Gym Registration

Child's Name: _____ Date of Birth: _____

Grade: _____ Age: _____ Address: _____

Child Email: _____ Child Cellphone: _____

Child's contact information will only be used for cancellation & time sensitive info.

Parent(s)/Guardian(s) Names: _____

Parent E-Mail Address: _____

May we send you emails about upcoming programs/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:** _____