

Student's Name _____ M/F _____ Birthdate _____

Address _____ Email address _____

Phone _____ Parent's Names _____

Parents Work Place & Phone No. _____

In Emergency, Contact _____ Phone No. _____

Doctor's Name _____ Phone No. _____

Medical Conditions, Allergies, Medications... _____

Check Preference:

M/W/F ___ T/TH ___

Registration Paid _____