



REGISTRATION INFO

Date _____

Coach: _____

Coach: _____

HOME TELEPHONE # () _____-_____

(Guardian) Names: _____
(First) (Last) ☐Mother ☐Father ☐Other _____

(Guardian) Names: _____
(First) (Last) ☐Mother ☐Father ☐Other _____

Address

(Street) (City) (Zip)

EMERGENCY CONTACT INFORMATION

Name: _____ () _____ ☐Cell ☐Home ☐Work Relation to Child: _____

Name: _____ () _____ ☐Cell ☐Home ☐Work Relation to Child: _____

Name: _____ () _____ ☐Cell ☐Home ☐Work Relation to Child: _____

[illegible]

*(Your email address be kept private. Registering email will allow you to access your parent portal account. Tricks will send newsletters, COUPONS, past due reminders, special event info, etc.)

STUDENT INFO

_____ (First) _____ (Last) **Male/Female** _____ Birth Date _____ Class

(First) (Last) **Male/Female** Birth Date Class

		Male/Female		
(First)	(Last)		Birth Date	Class

Student Medical Comments: _____

How did you find us?
(Check One)

- ◇ **Friend** _____
 ▶ Tell us who referred you and they will receive a \$10 credit! (first & last name)
 ◇ **Birthday Party**
 ◇ **Internet search/website**
 ◇ **Drive By**
 ◇ **TV/Radio**
 ◇ **Event:** _____
 ◇ **Other:** _____

(Office Use Only)

- _____ T-shirt given
 _____ "trial" to "trial-enroll"
 _____ Enter ALL reg form info
 _____ Scanned to Account
 _____ Same day registration
 _____ ATP
 Date of enrollment: _____
 Office Initials: _____
 Host Initials: _____

AMOUNT DUE

Current tuition due \$

Other: \$

Other: \$

Other: \$

TOTAL: \$

Form of Payment: Credit Cash Check
#