



Student Information Sheet 2017

STUDENT:

Name: _____ Age: _____

Address: _____

Street City State ZIP

Phone: _____ Email: _____ Cell

Phone: _____ Birthday: _____

FAMILY: (please complete only if student is a minor child) **Mother:**

Name: _____ Email: _____

Work Phone: _____

Employer: _____ Cell Phone: _____

Home Phone: _____

Father:

Name: _____ Email: _____

Employer: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____ **In**

Case of an Emergency, Please Notify:

Name: _____ Relationship to Child: _____

Phone: _____

Medical Insurance:

Company: _____ Policy Number: _____

Notes or Special Circumstances: Please list any special circumstances or conditions that affect your child and that should be brought to the attention of the instructors. If your child suffers from a chronic medical condition, please explain and give any medication instructions.