



How did you find out about us?
Newspaper Radio Television
Other _____

Recreational Student 2019-2020 Registration Form

Student's Name _____

Address _____ City _____ State _____ Zip _____

Student's Date of Birth _____ / _____ / _____ Student's Age _____ M/F _____

Contact Phone Number () _____ - _____

Parent or Guardian's Name _____

Billing Address _____ City _____ State _____ Zip _____

Emergency Phone # _____ Relationship to Student _____

E-Mail Address _____

Dr.'s Name _____ Phone # _____

Class _____ Day _____ Time _____

I have received a copy of all the Recreational Class Policies _____