



## Student Information Sheet 2018

### 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.