

# PROGRAM REGISTRATION

## Student Information

<b>Name:</b>		<b>Date:</b>	
<b>Street:</b>		<b>City:</b>	<b>State:</b> <b>Zip:</b>
<b>Home Phone No.</b>	<b>Emergency Phone No.</b>	<b>List medical conditions we need to be aware of:</b>	
<b>Parent's Name (If Applicable):</b>		<b>Participant's Gender</b>	<b>Age</b> <b>D.O.B.</b>
<b>Note:</b> If you and/or your child appear in a group or individual photo taken on our premises are we free to use it for advertising? (Program/Marketing, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No			

## Class I Information

<input type="checkbox"/> Aquatics	<input type="checkbox"/> Child	If Men's 30 + Basketball, indicate preferred team and or members	
<input type="checkbox"/> Fitness	<input type="checkbox"/> S (6-8)		
<input type="checkbox"/> Sports	Shirt Size: <input type="checkbox"/> M (10-12)		
<input type="checkbox"/> Other	<input type="checkbox"/> L (14-16)		
<b>Level/Class/Sport:</b>		<b>Height:</b>	<b>Weight:</b>
<b>Session Dates:</b>		<b>Day(s):</b>	<b>Time:</b>

## Class II Information

<input type="checkbox"/> Aquatics	<input type="checkbox"/> Child	If Men's 30 + Basketball, indicate preferred team and or members	
<input type="checkbox"/> Fitness	<input type="checkbox"/> S (6-8)		
<input type="checkbox"/> Sports	Shirt Size: <input type="checkbox"/> M (10-12)		
<input type="checkbox"/> Other	<input type="checkbox"/> L (14-16)		
<b>Level/Class/Sport:</b>		<b>Height:</b>	<b>Weight:</b>
<b>Session Dates:</b>		<b>Day(s):</b>	<b>Time:</b>

We will see you the first day of class...WE ONLY CALL IF THERE IS A PROBLEM SUPPLYING YOUR CLASS CHOICE.

## Payment Information

<input type="checkbox"/> Member	<b>Credit Card:</b>	<input type="checkbox"/> Discover	<b>Cost of Class/Program</b> \$
<input type="checkbox"/> Non-Member		<input type="checkbox"/> MC	<b>Coupon/Discounts</b> \$
		<input type="checkbox"/> Visa	<b>TOTAL</b> \$
<b>Parent or Legal Guardian's Signature</b>			<b>E-Mail Address</b>

### Office Use ONLY

- |  |  |
|--|--|
| <input type="checkbox"/> Check Membership Status           | <input type="checkbox"/> Phone/Fax or Call in? |
| <input type="checkbox"/> Log Student in Program/Class File | <input type="checkbox"/> Employee's Initials?  |

USE/SEE BACK-SIDE FOR ADDITIONAL INFORMATION