



Student Registration Form

NAME: _____ DOB/AGE: _____

PARENT NAME: _____

ADDRESS: _____

CITY and STATE: _____

PHONE NUMBER: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE NUMBER: _____

PRE-EXISTING MEDICAL CONDITIONS: _____

LEARNING or DEVELOPMENTAL DISABILITIES: _____

ENROLLING COURSE OR PROGRAM: _____

I HAVE READ, UNDERSTOOD AND SIGNED THE WAIVER (*Initial*): _____