



Registration Form

Mom's Name: _____ Child -1 _____ B-day _____
Dad's Name: _____ Child -2 _____ B-day _____
Child -3 _____ B-day _____

Address: _____

City/State/Zip: _____

Phone (Home): _____ Phone (Cell): _____

Email: _____

Health Insurance Policy: _____

Child-1 Class: _____ Day: _____ Time: _____

Child-2 Class: _____ Day: _____ Time: _____

Child-3 Class: _____ Day: _____ Time: _____

How did you hear about us? _____

Missed Rec. Classes: due to holiday or inclement weather are not given make up times or tuition discounts. Make up classes are offered on the 1st Saturday of every month.

Cancellation: Rec. class cancellation requires a 30 day notice. Competitive team withdrawal requires a 60 day notice. Refunds can not be given for registration fee.

Parent or Guardian (Signature)

Date