



Name: _____ Circle: Female Male

Address: _____ City: _____ Zip: _____

Shirt Size: YS YM YL AS AM AL Grade: _____ Birthday: _____

Father/Guardian: _____ Email: _____

Mother/Guardian: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Medical Information

Is your child taking medication? _____ Explain: _____

Does your child have allergies? _____ Explain: _____

Emergency Contact: _____ Phone: _____

Insurance Company: _____ ID #: _____

Primary Care Physician: _____ Phone: _____

Additional Information about your child (ex: contacts, swimming ability, asthma, etc):

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY: Payments					
\$75 Non-Refundable Deposit (Due Jan. 24,2021)	Payment #2 - \$55 (Due Feb 7)	Payment #3 - \$55 (Due Mar. 7)	Payment #4 - \$55 (Due Apr. 4)	Payment #5- \$55 (Due May 2)	Payment #6- \$50 (Due May 30)
Date:	Date:	Date:	Date:	Date:	Date:
Type:	Type:	Type:	Type:	Type:	Type: