

# Registration Form

## (Classes & Teams)



**No Refunds**

Parent Name \_\_\_\_\_  
 First \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date \_\_\_\_\_  
 Home phone \_\_\_\_\_  
 Work phone \_\_\_\_\_  
 Cell phone \_\_\_\_\_  
 Email \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ What school does your child attend? \_\_\_\_\_

Student Name	Birth Date	Gender	New or Re-Enroll	Class Name	Day	Time	Fee *	Discount	Amt Due
		M / F	N / R						
		M / F	N / R						
		M / F	N / R						

**\$35 Annual Membership Fee (Per Child)**

*Office Use Only*

Check #	CC Approv	Cash
Notes	EFT	

<b>Total</b>	
<b>Amount Paid</b>	
<b>Balance Due</b>	

\* Full class fee must be paid up front if you choose not to participate in our Electronic Funds Transfer Program. Automatic monthly payments will be withdrawn directly from your checking/savings/credit card account with the EFT program.