



YOUTH INFORMATION

Name:

D.O.B

_____/_____/_____

Address:

_____ (Street)

_____ (City) _____ (State) _____ Zip code

Favorite Snack Food: _____

Allergies _____

Other Hobbies/Interests: _____

Parent(s) Name: _____

Address:

_____ (Street)

_____ (City) _____ (State) _____ Zip code

Phone number:

_____ (Day) _____ (Evening)

You will be required to stay on site while your child is in session per our insurance regulations.

Parent/Guardian Signature:

Office use only under line

Please attach signed copy of "Hold Harmless Agreement" to back of page & "photo release documentation form"

Date:

Skill Level

Instructor Name