

Class / Program Registration Form

(please do not use this form for Flag Football, Basketball, T-ball, Baseball or Softball)

Please Print All Information

Name of Participant _____

_____ Male _____ Female Grade _____ School _____

_____ Age Date of Birth ____/____/____

Address _____

City _____ Zip _____

Parent(s) Name _____

Phone (home) _____ (work-dad) _____
 (cell) _____ (work-mom) _____

E-Mail Address _____

Unified School District #262 resident: _____ yes _____ no

Class / program enrolling in: _____

Start date of class / program: _____

Time of class / program: _____ Fee: \$ _____

T-shirt size (if applicable for class / program): _____

Are there any medical and/or physical conditions we need to be aware of? If yes, please explain:
