

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	

Total	
Amount Paid	
Balance Due	

* 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 Automatic monthly payments will be withdrawn directly from your checking/savings/credit card account with the EFT program.