



REGISTRATION FORM

PLEASE PRINT INFORMATION:

Parent/Guardian 1: _____

Parent/Guardian 2: _____

Home Address: _____

Street

Town

Zip

Phone #1: _____ Phone #2: _____

Email: _____

Authorize Media Release? Y / N

(Permission to use photographs/video for social media/print use)

Child (ren's) Name(s):

AGE

DOB

_____	M / F	_____	_____
_____	M / F	_____	_____
_____	M / F	_____	_____
_____	M / F	_____	_____

Does your Child(ren's) have any physical limitations, allergies etc.

FOR OFFICE USE ONLY:

DATE:

EXPIRES:

NEW

RESIDENT

RENEWAL

NON – RESIDENT

3 Month Membership

1 Year Membership