



 This application is to be completed by all STUDENTS ages 13-21. **PLEASE PRINT LEGIBLY.**

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| Student Information |
| **Gender**  ❑ Female ❑ Male **Date of birth** **AGE**  |
| **Last** Name **First** Name |
| Address  |
| City State Zip |
| Home Phone Student Cell Phone (if any) |
| Student Email Address |
| Grade Name of School/College |
| Special Health Concerns |
| Medical Insurance Information |
| **MEMBERSHIP STATUS** **❑ Member ❑ Non-Member ❑ I’m currently in New Members’ Class****(please check one)**  |
| **ADULT** **SIZE** T-Shirt ❑ S ❑ M ❑ L ❑ XL ❑ XXL ❑ XXXL  |
| Parent/Guardian Information |
| Parent(s) Name |
| Work Phone Cell Phone |
| Parent Email Address |
| Emergency Contact (Please list name and telephone number) |
| By signing this form, I request that my son/daughter/self (NAME REGISTERED) be allowed to participate in the “Defined” sessions for six consecutive weeks. **In the event of illness or injury, I, as the parent/self, do hereby consent to whatever medical treatment is necessary.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_Student Signature Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_Parent/Guardian Signature (required if student under 18) Date |