

ELITE KIDS FITNESS REGISTRATION FORM

Name _____ Grade ____ Age _____

Parent Name _____ Phone _____

Address _____ Zip _____

E-mail Address _____

Any medical/behavior conditions we should be aware of? _____

Allergies _____

Does your child take any medications? If yes, what type? _____

IN CASE OF EMERGENCY, CONTACT:

Name _____ Phone _____

Alternate Name _____ Phone _____

Doctor _____ Phone _____

Dentist _____ Phone _____

PROGRAM NAME: (ex. Summer Beach Boot Camp)

Session _____ Dates _____

Session _____ Dates _____

Session _____ Dates _____

Session _____ Dates _____