

Extreme Air Sports Co.

STUDENT REGISTRATION FORM 2011

Child's Name (last, first): \_\_\_\_\_ M / F

Birth date (M/D/Y) \_\_\_\_\_ Age \_\_\_\_\_

Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Parent's Name (last, first): [mom] \_\_\_\_\_

[dad] \_\_\_\_\_

Mom: Day Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Other #: \_\_\_\_\_

Dad: Day Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Other #: \_\_\_\_\_

Email (for coupons/announcements/e-newsletter-Your address will not be shared):

\_\_\_\_\_

Emergency Contact (if parents unavailable)

Name (last, first): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Special Medical Conditions/ Allergies:

\_\_\_\_\_

How did you hear about us? (Circle all that apply) Yellow Pages  Web Site  Birthday Party

Friend  Parent Child Magazine  Neapolitan Magazine  Flyer  Other

Specify other: \_\_\_\_\_

Signature of Parent/Legal Guardian:

Date:

\_\_\_\_\_

\_\_\_\_\_

Print Name of Parent/Legal Guardian:

\_\_\_\_\_

Please Read and Sign the Release on the Back of this Form

For Office Use Only:

Trial Date: \_\_\_\_\_ Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ Teacher: \_\_\_\_\_

Enroll Date: \_\_\_\_\_ Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ Teacher: \_\_\_\_\_

Registration Fee: \_\_\_\_\_ Tuition: \_\_\_\_\_ Total Due: \_\_\_\_\_ Paid: \_\_\_\_\_