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# Family Registration Form

**MOTHER:** First \_\_\_\_\_ Last \_\_\_\_\_ DL# \_\_\_\_\_

**FATHER:** First \_\_\_\_\_ Last \_\_\_\_\_ DL# \_\_\_\_\_

Mother Cell \_\_\_\_/\_\_\_\_-\_\_\_\_ text y  n  Home \_\_\_\_/\_\_\_\_-\_\_\_\_

Father Cell \_\_\_\_/\_\_\_\_-\_\_\_\_ text y  n  Emergency \_\_\_\_/\_\_\_\_-\_\_\_\_

Work \_\_\_\_/\_\_\_\_-\_\_\_\_  Mother  Father Name of Emergency Contact \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ E-mail Address 2: \_\_\_\_\_

### 1ST CHILD:

First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Circle: Male Female School: \_\_\_\_\_ Grade: \_\_\_\_\_

### 2ND CHILD:

First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Circle: Male Female School: \_\_\_\_\_ Grade: \_\_\_\_\_

### 3RD CHILD:

First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Circle: Male Female School: \_\_\_\_\_ Grade: \_\_\_\_\_

Company/Employer: \_\_\_\_\_

Health Ins. Co.: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_ Health Co. Number: \_\_\_\_\_

Any intolerance to drugs and medication: \_\_\_\_\_

Any previous illness, condition, or injury the gym's staff should be aware of: \_\_\_\_\_

Please circle ALL Premier advertising that you have seen or heard: Newspaper Magazine Flier Radio Ad School Program Phone Book

Other: \_\_\_\_\_

**BE SURE TO SIGN THE BACK OF THIS SHEET!**

### OFFICE USE ONLY

CLASS \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_ INSTRUCTOR \_\_\_\_\_

TRIAL \_\_\_\_/\_\_\_\_ START \_\_\_\_/\_\_\_\_  ICLASS  ENR  CHG  PMT  CP  AUTO