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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**