



www.premierathletics.com

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**