



## SPRING 2009 REGISTRATION FORM

**Student Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Sex M F Birth Date:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
\_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

### WHO TO CONTACT IN CASE OF EMERGENCY:

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Do you have any medical conditions for which you are currently receiving treatment, or taking any medications?**

**Yes No**

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you have any pre-existing medical conditions? Yes No**

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**Do you have medical insurance? Yes No**

If yes, please name your insurance provider:

\_\_\_\_\_

**Parent or Guardian Signature** \_\_\_\_\_

**(Please Print)** \_\_\_\_\_