

KCK WILDFIRE, INC -Tumble Registration Form 2015 -2016

\$30 - 1st Class
\$20 - Each additional Class

Student Information

Athlete's Name _____ Start Date: _____
 Date of Birth _____ Age as of 8/31/15 _____ Home Phone # _____
 Street Address _____ City _____ Zip _____

Parent Information

Mother's Name _____ Cell _____ Email _____
 Father's Name _____ Cell _____ Email _____
 Emergency Contact and Phone Number OTHER than parent: _____

Medical Information

Allergies/Current Medications: _____
 Medical/Hospital Insurance Company: _____ Ins. Phone: _____
 Policy Holder's Name: _____ Policy Number: _____

Mark Class Registering For:

Tumble Class Tuesdays

_____ Level One 4:30-5:30	_____ Level One 5:30-6:30
_____ Level Two 5:30-6:30	_____ Level Three 4:30-5:30

Office Use Only

Fee	PD	Tuition	PD
January		July	
February		August	
March		September	
April		October	
May		November	
June		December	