



REGISTRATION FORM

STUDENT INFORMATION

Student Name: _____

Address: _____

Birth Date: _____ Current Age: _____

Right Handed: Left Handed:

PARENTS / GUARDIAN INFORMATION

Father/Guardian Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Place of Employment: _____

Email Address: _____

Mother/Guardian Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Place of Employment: _____

Email Address: _____