



Cassell Training Center

AGILITY, BALANCE & STRENGTH

REGISTRATION

NAME _____ AGE _____ BIRTHDATE _____

ADDRESS _____ CITY _____

ZIP _____ HOME PHONE NUMBER _____

MOM'S CELL # _____ DAD'S CELL # _____

DAD'S NAME & EMPLOYMENT _____

MOM'S NAME & EMPLOYMENT _____

EMERGENCY CONTACT & PHONE # _____

E-MAIL CONTACT (REQUIRED) _____

CLASS _____ DAY _____ TIME _____

CLASS _____ DAY _____ TIME _____

CLASS _____ DAY _____ TIME _____

CLASS _____ DAY _____ TIME _____

DOES YOUR CHILD HAVE A FOOD ALLERGY? _____

IF YES, PLEASE SPECIFY ALLERGY _____

Non-Refundable Registration Fee _____

Dance Monthly Payment _____

Gymnastics Monthly Payment _____