



Mandatory Registration Paper for all Walk In Tumblers and All Stars

STUDENT INFORMATION

Student Name: _____ Student Gender: M or F

Student's Address: _____

Student Birthdate (mm/dd/yyyy): _____

Student's Email: _____

Student's Cell Phone Number: _____

Student's School: _____ Student's Current Grade: _____

Student's Disabilities, Allergies and Medications: _____

Student's Primary Doctor: _____

FAMILY INFORMATION

Guardian Name #1: _____ Relationship to student: _____

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

Email: _____

Guardian Name #2: _____ Relationship to student: _____

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

Email: _____

Health Insurance Carrier: _____

Member or Group Number: _____



Hospital Preference in case of illness or injury: _____

Emergency Contact (not listed above): Name: _____ Phone: _____

Team Assignment (to be filled out by Coach/Office Staff): _____