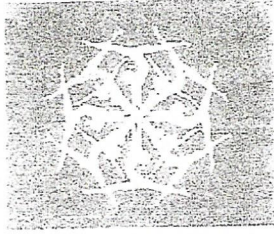


\* please indicate class you are registering for at bottom.



# T.I.S.A. Registration Form

## Student 1

Name: \_\_\_\_\_ Birth Date: / / Age: \_\_\_\_\_ Male / Female

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

List any serious injuries: \_\_\_\_\_

List any special needs or concerns: \_\_\_\_\_

List any allergies: \_\_\_\_\_

## Student 2

Name: \_\_\_\_\_ Birth Date: / / Age: \_\_\_\_\_ Male / Female

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

List any serious injuries: \_\_\_\_\_

List any special needs or concerns: \_\_\_\_\_

List any allergies: \_\_\_\_\_

## Parent/Guardian

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

## Emergency Contact (Other than parent or guardian):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

<i>For office use only</i>			
Date Rec'd: _____	Initials: _____		
Payment type: Check#:	Cash	Release Form: _____	Registration Fee: _____

\* Class registering for  
day \_\_\_\_\_ time \_\_\_\_\_