



ENROLLMENT FORM-CLASS Student's Last Name: _____

STUDENT INFORMATION

Student's Name (please include last if different)	Circle M or F	DATE OF BIRTH
(Circle) Does your child have any allergy and/or medical condition that could be adversely affected by exercise? If yes, please explain.		
	M OR F / /	YES/NO
	M OR F / /	YES/NO
	M OR F / /	YES/NO

CONTACT INFORMATION

MOTHER: First _____ Last _____ **FATHER:**
 First _____ Last _____
 Street Address: _____ City: _____
 Zip: _____
 Home Phone: _____ Mother's Cell: _____ Father's
 Cell: _____
 E-Mail Address _____ Mother's Work Phone: _____ Father's Work
 Phone: _____

INSURANCE COMPANY NAME: _____ POLICY #: _____ DOCTOR'S
NAME: _____

EMERGENCY CONTACT

IN THE EVENT OF AN EMERGENCY AND A PARENT/GUARDIAN CANNOT BE REACHED, PLEASE CALL:

Name: _____ Home Phone: _____ Cell
 Phone: _____

(INITIAL)_____ I have received the SAGA Member Policies and will go over them with my child.

(INITIAL)_____ I understand that while SAGA makes every effort to remind me, it is ultimately my responsibility to make note of the FDD (FINAL DUE DATE) which is two weeks prior to the start of each session, and that payment needs to be received by SAGA on or before this date to prevent my child(ren) from being dropped from their current class(es).

HOW DID YOU FIRST HEAR ABOUT SAGA?

_____ Friend-If referred, by whom? (We would like to thank them!)_____

_____ Drive by _____ Newspaper _____ Home School _____ Yellow pages _____ Gift Certificate _____ B-Day Party _____ SAGA Website _____ School _____ Other