



ENROLLMENT FORM

Last Name:	
Email:	

Athlete's Name (Include last if different)	Date of Birth	Does your child have any allergies and/or medical conditions that could be adversely affected by exercise? If yes, please explain.
	/ /	Yes / No
	/ /	Yes / No
	/ /	Yes / No

CONTACT INFORMATION

Mother/Guardian: _____	Father/Guardian: _____
Occupation: _____	Occupation: _____
Cell Phone: _____	Cell Phone: _____
Street Address: _____	City, State: _____ Zip: _____
Home Phone: _____	

Medical Insurance Company: _____ Policy: _____ Doctor's Name: _____

EMERGENCY CONTACT INFORMATION

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

Name: _____ Relation: _____ Phone #: _____

(initial) _____ I understand that payment is my responsibility, and I will adhere to the payment policy, which is full payment for class(es) due on or 2 weeks prior to the start of a new session. If payment is not made, I understand my child will not be able to participate until payment is made in full.

HOW DID YOU FIRST HEAR ABOUT SAGA?

FRIEND REFERRAL BY WHOM? (WE WOULD LIKE TO THANK THEM) _____
 DRIVE BY SCHOOL FIELD TRIP FACEBOOK/INSTAGRAM GIFT CERTIFICATE B-DAY PARTY
 SAGA WEBSITE OTHER (PLEASE LIST): _____