

Last Name:	
Email:	
Phone# (to receive texts):	

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

CONTACT INFORMATION

Mother's Name: _____	Father's Name: _____
Occupation: _____	Occupation: _____
Cell ph# _____	Cell Ph# _____
Street Address: _____	City: _____ Zip: _____
Home Phone: _____	

*For referral purposes only

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: _____ Home ph#: _____ Cell ph#: _____

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

(initial) _____ I understand that payment is my responsibility and will adhere to the payment policy which is full payment for class(es) due on or before 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 _____ NEWSPAPER _____ SCHOOL _____ FACEBOOK _____ GIFT CERTIFICATE _____ B-DAY PARTY _____ SAGA WEBSITE _____ OTHER