



Registration Form

"I CAN DO ANYTHING IF I TRY!"

Date: _____

Student's Last Name: _____ First Name: _____ Sex: _____

Address: _____
Street City State Zip

Home Phone: _____ Birthdate: _____

Mother's Name: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email Address: _____

Would you like upcoming GO Happenings emailed to You? Yes ___ No ___

Emergency Contact #1:

Name	Phone Number	Relationship to Child
------	--------------	-----------------------

Emergency Contact #2:

Name	Phone Number	Relationship to Child
------	--------------	-----------------------

Is there any special information that you wish to share about your child? (ie. Medical conditions, medications, allergies, previous injuries) _____

I hereby grant permission to Go Creative Athletics to use my child's photograph in printed publications without further consideration. I acknowledge GO's right to crop or treat the photograph at its discretion. _____ YES _____ NO

How did you hear about us? _____

Registration Fee (\$25) Form of Payment: _____