



Children's Enrichment Programs 2018 Registration Form

Class Name/Session: _____

Member Number: _____ Non Member/Guest - Guest Waiver completed Y/N

Childs Name: _____

Parent/Guardian Name _____

Parent/Guardian Name _____

Birth Date _____ Age _____ Grade _____ Male/Female

Address _____

City _____ State _____ Zip Code _____

Cell Phone Parent 1: _____

Cell Phone Parent 2: _____

Email: _____

Cost: _____ Paid by: Cash/Credit Card/CTA/Check # _____

Please make Checks to La Madrona Athletic Club

Guest waiver can be completed online at www.lamadronaclub.com

To help ensure your child's comfort, does he/she have any allergies, physical, emotional or mental conditions in which we can accommodate?

In case of an emergency we will contact the above numbers first. Please list 1 alternate emergency contact.

Name _____ Relationship _____

Phone #: _____ Cell # _____

Family Physician Name: _____ Phone#: _____

Parent Signature _____ Date _____

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