

Child's Name: _____ Male _____ Female _____

Birthdate: _____ Rising Grade _____ School Attending: _____

Allergies: _____

Street Address: _____

City / State / Zip: _____

Parents Email Address: _____

Payment Method: Cash _____ Check # _____ Visa/ MC _____ Discover _____

Amount \$ _____ Make checks payable to FAST Training

Card Number _____ Exp _____

CSC 3 Digit # _____ Signature _____

Family Info:	Last Name	First Name	Relationship to Child
--------------	-----------	------------	-----------------------

Primary Contact:	_____	_____	_____
------------------	-------	-------	-------

Phone:	_____	_____	_____
--------	-------	-------	-------

2 nd Contact :	_____	_____	_____
---------------------------	-------	-------	-------

Phone:	_____	_____	_____
--------	-------	-------	-------

Authorized Pick Up:

Name: _____ Phone: _____

Name: _____ Phone: _____