

GEM OF CHAMPIONS REGISTRATION FORM

Athlete's Name _____ Athlete's DOB _____ M or F

Age _____ School Attending _____ Grade _____

Parent / Guardian's Name _____ Relation to Athlete _____

Home Address _____

If Billing Address is different, please list: _____

Home # _____ Cell # _____

Email _____ Alternate Email _____

Any additional notes (Best time to reach, can you receive texts, etc?)

Emergency Contact's Name _____ Relation _____

Home # _____ Cell # _____

Insurance Provider _____ Policy # _____

Allergies / Health Conditions: _____

How did you hear about us? _____ Referral Name? _____

Monthly tuition for Gem of Champions is due by the 10th of each month. A late fee of \$25 will be added to my account if payment is not received by the 10th of the month. In order to become inactive, I must provide written notice to GOC by the 25th of the month.

Parent / Guardian _____ Date _____

*******FOR OFFICE USE ONLY*******

\$35 Registration Fee Pd? _____ Date Pd? _____

Jackrabbit Setup Completed By? _____ Date Completed? _____