

Registration Form

Name: _____ DOB: _____ Age: _____
Address: _____ Home Phone: _____
City: _____ State: _____ Zip: _____
Cell Phone: _____ Work Phone: _____
Email Address: _____
Current Grade / School: _____

Parent Name (mother): _____
Address (if different): _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email Address: _____

Parent Name (father): _____
Address (if different): _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email Address: _____

Alternate Emergency Contact & Permission to pick up child other than Mother or Father

Name: _____ Cell Phone: _____
Relationship to child: _____
Name: _____ Cell Phone: _____
Relationship to child: _____

In addition to the Registration form please fill out and sign the:

*Medical History Form

*Policies and Release of Liability Waiver

Members & parents must also read and understand the Panko Performance Rules and Guidelines

_____ Date: _____

Member Signature (if an adult)

Print Name

_____ Date: _____

Parent or Guardian Signature

Print Name