

# Registration Form

## Personal Contact Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: MM / DD / YYYY Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Text ok? Yes No

Address: \_\_\_\_\_

Preferred form of Contact: \_\_\_\_\_

## Family Registration

Primary Adult: Full Name: \_\_\_\_\_ Date of Birth: MM / DD / YYYY

Secondary Adult: Full Name: \_\_\_\_\_ Date of Birth: MM / DD / YYYY

Minor 1: Full Name: \_\_\_\_\_ Date of Birth: MM / DD / YYYY

Minor 2: Full Name: \_\_\_\_\_ Date of Birth: MM / DD / YYYY

Minor 3: Full Name: \_\_\_\_\_ Date of Birth: MM / DD / YYYY

## In Case of Emergency

Primary Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Secondary Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions/Injuries: \_\_\_\_\_

## Optional Survey

What classes are you interested in taking? \_\_\_\_\_

What dance/sports activities have you participated in before? \_\_\_\_\_

How did you hear about Momentum? \_\_\_\_\_