



STUDENT INFORMATION FORM

Name: _____

D.O.B.: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Alternate: _____

E-Mail: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Relationship: _____

Phone: _____

I certify that I am in good physical condition, and have no disease, injury or other condition that would impair my performance or physical and mental well-being during intense training practice and/or competition.

Signature: _____ Date: _____