

## LWWG Jr. High Spin Club

### Registration Form

Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

(if there are any necessary schedule updates, we will e-mail you as soon as possible.)

Jr. High School and Grade: \_\_\_\_\_

T-shirt: \_\_\_\_\_

Emergency Contact Information (please make this a number that can be used during regular practice times.)

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Medical Information (allergies, etc. that may be important for the instructors to know):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give my child permission to participate in the LW Jr. Spin Club.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_