



**PROGRAM REGISTRATION DATA FORM**

**Participant** (Please print clearly)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Mailing Address \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender - MALE/FEMALE E-Mail \_\_\_\_\_ (Enter only if you prefer electronic confirmation)

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Additional Participant(s)**

Phone numbers required only if different than first participant

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender – MALE FEMALE

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender - MALE FEMALE

PARTICIPANT NAME	PROGRAM TITLE	START DATE	TIME/DAY	CLASS FEE
				\$
				\$
				\$
				\$
				\$
<b>TOTAL</b>				\$

Amount Paid \$ \_\_\_\_\_  Cash  Check \_\_\_\_\_ (check #)  
Checks payable to Freedom Aquatic & Fitness Center

Credit Card Number \_\_\_\_\_ (Visa or MC only) Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

**For staff use only:**

Date \_\_\_\_\_

Time \_\_\_\_\_

\_\_\_\_\_

Staff signature

*Registration (and other required) forms may be mailed to the Freedom Center or faxed to 703-993-9177*