



Student Name: _____

Class 1: _____

Class 2: _____

Class 3: _____

List any medical conditions: _____

2nd Student Name: _____

Class 1: _____

Class 2: _____

Class 3: _____

List any medical conditions: _____

Parent/Legal Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ 2nd Phone: _____

In Case of Emergency Contact: _____ Phone: _____

Email: _____

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