

REGISTRATION FORM

Athlete/s Name _____ DOB _____/_____/_____
_____ DOB _____/_____/_____

Parents Name

Mother _____ **Cell Phone** _____
Work Phone _____ **e-mail** _____

Father _____ **Cell Phone** _____
Work Phone _____ **e-mail** _____

Home Address _____
_____ **Home Phone** _____

Emergency Contact

Name and Relationship _____
Phone _____

Health Information

Athlete's Medical Insurance _____

Please list any current or past health condition or injury that affects an Athlete's activity level or causes discomfort

Allergies _____

Medications _____

NWR Policy Information *(Please read and sign)*

- I agree to pay an annual non-refundable Registration Fee of \$25, which is payable upon enrollment at NWR.
- I agree to pay tuitions by the 5th of the month.
- I understand that \$20 late fees charge will apply if tuition is paid after the 5th, and \$40 if I chose to pay after the 10th of the month.
- I understand that only 1 make-up class per month will be offered to the Beginner Group regardless of the number of classes missed.
- I understand that no refund/proration will be made for the classes missed for the personal reasons.
- I read and agree to the terms and conditions stated in the NWR Parents Handbook (for the Team parents only).

_____ Date _____/_____/_____