

Joe's Movement Emporium Youth Registration Form

PARTICIPANT'S INFORMATION

Name: _____
Last First Middle
Date of Birth (mm/dd/yyyy): / / Age: _____ Sex: _____
School Attending: _____ Grade: _____

PARENT/GUARDIAN INFORMATION

Mother/Guardian's Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone (1): _____ Phone (2): _____
Email: _____

Father/Guardian's Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone (1): _____ Phone (2): _____
Email: _____

In case of an emergency and a parent/guardian cannot be reached, contact:
Name: _____ Phone: _____

Please initial here _____ if you give permission for Joe's Movement Emporium to record or photograph your child for marketing purposes only.

I would like to enroll my child in:

_____ Club Joe's
_____ Summer Camp (Session: _____)
_____ Other: _____

For more information about any of our youth programs, please call 301.699.1819 or visit www.joesmovement.org

OFFICIAL USE ONLY

Deposit _____ Total Due _____ Payment Method _____ Date Rec'd _____ Initial _____