

G10 SUMMER REGISTRATION

Last Name _____ First Name _____

Parent's Names _____

Address _____

Phone Number: _____ Email Address: _____

Birthdate _____ M F Grade _____

School _____ Sports Played _____

Medical Conditions that will affect training: _____

Previous G10 Session: _____

Sport Athlete will participate in next: _____

Emergency Contact: _____

Phone Number: _____

Tuition Cost: _____ Apparel Cost: _____ Total: _____

G10 Athletic Gear - Shirts \$20, Bags \$12	Summer Session Choice/Times						
Adult size T-shirt: Quantity _____ Size: S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> Drawstring Bag: <input type="checkbox"/>	<div style="text-align: center;">4 Day Option</div> <input type="checkbox"/> Summer 1 (\$450) <input type="checkbox"/> Summer 2 (\$450) <input type="checkbox"/> Both (\$850) <div style="text-align: center;">5 Day Option</div> <input type="checkbox"/> Summer 1 (\$565) <input type="checkbox"/> Summer 2 (\$565) <input type="checkbox"/> Both (\$1080) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> 7-8:15</td> <td style="width: 50%;"><input type="checkbox"/> 11:30-12:45</td> </tr> <tr> <td><input type="checkbox"/> 8:30-9:45</td> <td><input type="checkbox"/> 1:30-2:45</td> </tr> <tr> <td><input type="checkbox"/> 10-11:15</td> <td><input type="checkbox"/> 3-4:15</td> </tr> </table>	<input type="checkbox"/> 7-8:15	<input type="checkbox"/> 11:30-12:45	<input type="checkbox"/> 8:30-9:45	<input type="checkbox"/> 1:30-2:45	<input type="checkbox"/> 10-11:15	<input type="checkbox"/> 3-4:15
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Parent Signature _____

