

### FAMILY INFORMATION

Please print clearly - Today's Date \_\_\_\_\_

Parent/Guardian Name:

Address:

Home phone:  Work phone:  Cell phone:

City:  Zip:

e-mail:

### STUDENT INFORMATION

		Birthday:	Class enrolled:	Day and time
1st member:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2nd member:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3rd member:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4th member:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### MEDICAL INFORMATION

Doctor's name:  Doctor's phone:

Med. Ins. Company:  Med. Ins. Policy #:

Hospital preference:

### EMERGENCY CALLING LIST

2nd person:  Relationship:  Phone#:

3rd person:  Relationship:  Phone#:

### MEDICAL HISTORY

Please list child's name and any issues here

Current Health Problems:

Current medication:

Food allergy:

Drugs allergy:

### HOW DID YOU HEAR ABOUT US?

From a friend:  Yellow pages:  Bay Area Parent Magazine Ad:

Through another activity:  SFG Birthday Party:  Other:

Passing by and saw the gym:  SFG flyer: