

## P.E. in the Pines Participant Registration Form

Date

Name of Class you are Registering for

Parent Name

Child's Name

Home Phone

Cell Phone

Email Address

Address

City

State.

ZIP Code

Child's Birthdate

Gender

Medical Concerns/Allergies

Emergency Contact

Class price: \$150 for full 6 week session/ \$138 Military discount/ \$127 sibling discount  
Please make checks payable to P.E. in the Pines

After submitting these forms you will receive an email with the mailing address.

For office use only:

- Registration paid
- Liability form received

