

Family Information



(____) _____
Home Phone

Last Name

E-Mail Address

Street City State Zip Code

Guardian Information

Mother's Name (____) _____
Alternate Phone # /Ext. Employer/Occupation

Father's Name (____) _____
Alternate Phone # /Ext. Employer/Occupation

Emergency Information *Fill out the information below so we may act quickly in the event of an emergency or accident*

Who to call if parents cannot be reached: _____
Name Relation to Student (____) Phone #

As a condition to participation in RICOCHETS programs, I hereby release and forever discharge Janet M. Hamvas and/or her employees, or any individual acting on behalf of RICOCHETS, - and connected with this program in which I, or my child may participate, from any and all claims, demands, or losses of every kind and nature which may result to my child, myself, or my heirs, except where such losses or damages is the result of the intentional or reckless conduct of one of the organizations or individuals identified above. I recognize and acknowledge all risks involved in participation in the above program and assume all risks inherent in participation in the same. I have read and fully understand this liability waiver, and agree to the club policies.

Parent/Guardian's Signature: _____ Date: _____

Student Information

Student #1	_____ First Name	_____ Last Name	_____ Sex (M/F)	_____ Date of Birth	_____ Requested Class: Title
					_____ Day
					_____ Time
					_____ Disabilities, or conditions requiring our special attention?
Student #2	_____ First Name	_____ Last Name	_____ Sex (M/F)	_____ Date of Birth	_____ Requested Class: Title
					_____ Day
					_____ Time
					_____ Disabilities, or conditions requiring our special attention?
					_____ * 2.) _____ *fill in only if taking 2 classes/week
					_____ * 2.) _____ *fill in only if taking 2 classes/week