



CAPPIE PONDEXTER SKILLS CLINIC

Print Last Name	Print First Name	Grade (as of Sept. 2008)	Age
Home Phone Number ()	Alternate Phone Number ()	Emergency Contact Person Name: Phone:	
Home Address			
Medical Information			
Any medical conditions and/or allergies we should be aware of:			
Name of Doctor:	Phone Number of Doctor:	Health Card Number:	
ALL INFORMATION MUST BE PROVIDED TO PARTICIPANT.			
Please check one of the following:			
<input type="checkbox"/> Grades 2, 3 and 4		<input type="checkbox"/> Grades 7, 8 and 9	
<input type="checkbox"/> Grades 4, 5, and 6		<input type="checkbox"/> Grades 10,11 and 12	
<i>T-shirt size:</i> : S, M, L, XL or Adult: S, M, L, or XL <i>Please circle one.</i>			

Contract / Agreement

Please register my child for the Cappie Pondexter SkillsClinic.
A parent / guardian must sign this contract.

- Enrollment in the program establishes permission for a child to engage in all program activities except as noted by a parent and/or physician on the registration form.
- I have read and agree to the above.
- Registration form for the clinic is due by **Friday Sept. 24, 2008.**

Parent / Guardian Signature: _____ Date: _____

Please bring completed forms to the Administration office. To register or for more information, contact info@cappiepondexter.com