

# CUSTOMER ACCOUNT INFORMATION FORM

Please Print Clearly

## Parent or Guardian Information

Household Last Name:

First Name:

Last Name:

Street Address:

City:

State:

Zip Code:

Country:

Birthdate: (mm / dd / yyyy)

Gender:

Primary Phone:

Ext:

(home / work / cell)

Alt. Phone 1:

Ext:

(home / work / cell)

Alt. Phone 2:

Ext:

home / work / cell)

Alt. Phone 3:

Ext:

(home / work / cell)

Primary Email Address:

Receive Email Notifications for the following:

Cancellations

General Announcements

Secondary Email Address:

Cancellations

General Announcements

Mobile Phone Number: (for text notifications)

Carrier:

Mobile Phone Number: (for text notifications)

Carrier:

Emergency Contact:

Emergency Contact Phone:

## Medical Information:

\* conditions may include allergies, disabilities, hearing loss, or other emotional, mental, physical, and learning issues. Be sure to provide any information to a coach or instructor would need in case of injury or incident.

I am a local Resident to Wallingford

I am a Coach or Instructor