

# WARRIOR STORM



# LIGHTNING TIKES™!

## Registration Form

Child's Name _____	Date of Birth _____	M _____	F _____
		Sex _____	
Parent's/Guardian's Name _____	Parent's/Guardian's Name _____		
Home Phone _____	Cell Phone _____	Home Phone _____	Cell Phone _____
Address _____		Address _____	
City, State, Zip Code _____		City, State, Zip Code _____	
Email Address _____		Email Address _____	

## Additional Children

_____	_____	M _____	F _____
Child's Name	Date of Birth	Sex	
_____	_____	M _____	F _____
Child's Name	Date of Birth	Sex	
_____	_____	M _____	F _____
Child's Name	Date of Birth	Sex	

## Tell Us About Your Child(ren):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## What Is Your Primary Goal For Your Child(ren) In This Class:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_