Joe's Movement Emporium
Youth Registration Form

PARTICIPANT'S INFORMATION

Name: _____
LAST FIRST MIDDLE

Date of Birth (mm/dd/yyyy): / / **Age:** _____ **Sex:** _____

School Attending: _____ **Grade:** _____

PARENT/GAURDIAN INFORMATION

Mother/Gaurdian's Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone Number (1): _____ **Phone Number (2):** _____

Email: _____

Father/Gaurdian's Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone Number (1): _____ **Phone Number (2):** _____

Email: _____

In case of an emergency, and a parent/gaurdian cannot be reached, contact:

Name: _____ **Phone Number:** _____

Please initial here _____ if you give permission for Joe's Movement Emporium to record or photograph your child for marketing purposes only.

I would like to enroll my child in:

- ☐ **Club Joe's - $75 deposit required with submission of forms**
- ☐ **Summer Camp**
- ☐ **Other** _____

For more information about any of our youth programs, please call, 301.699.1819 or visit www.joesmovement.org

Official Use Only

Total Amout & Method of Payment _____/_____ Date Rec'd _____ Staff Initial _____

Applying for Financial Aid? Yes No