



ESSA 2020-2021 Registration Form

| OFFICE USE ONLY | |
|-----------------|---|
| Processor | |
| Paid | <input type="checkbox"/> Cash <input type="checkbox"/> Cheque |
| Cheque # | |

Participant Information

| | | | |
|----------------|---|---|-------|
| First Name | | Last Name | |
| Birthdate | | | |
| Street Address | | | |
| City | | Postal Code | |
| Phone | | Gender | F / M |
| Email | | | |
| Program | FUNdamentals <input type="checkbox"/> Tue (\$200) <input type="checkbox"/> Thu (\$200) <input type="checkbox"/> ½ Tue (\$125) <input type="checkbox"/> ½ Thu (\$125) | Novice <input type="checkbox"/> 1x/wk (\$200) <input type="checkbox"/> 2x/wk (\$390) <input type="checkbox"/> ½ 1x/wk (\$125) <input type="checkbox"/> ½ 2x/wk (\$220) | |

Guardian 1 Info (If address differs from above, write on back of form)

| | | | |
|------------|--|-----------|--|
| First Name | | Last Name | |
| Phone | | | |
| Email | | | |

\$25 Associate Membership (minimum 1 per family)

Guardian 2 Info (If address differs from above, write on back of form)

| | | | |
|------------|--|-----------|--|
| First Name | | Last Name | |
| Phone | | | |
| Email | | | |

\$25 Associate Member (minimum 1 per family)

Emergency Contact Information (If a guardian cannot be reached)

| | | | |
|--------------|--|------------------|--|
| Full Name | | | |
| Relationship | | | |
| Phone | | Email (optional) | |

Total Fees \$ _____

Signature _____ Date _____