



Woodman Athletics Membership Registration

Valid September 1, 2011 through August 31, 2012

*Fill in all blanks, read the following carefully and sign below. NOTE: Parent signs if athlete is under 18 years.
Return with your tuition plus the \$15 registration fee to PO Box 6272 Brattleboro, VT 05302*

Athletes Name: _____
Mailing Address: _____

Email: _____

Phone #: _____
Male / Female _____
Age: _____
Date of Birth: _____
Level: _____

Parent / Guardian Information

Mother's Name: _____
Address: _____
Father's Name: _____
Address: _____
Legal Guardian: _____
Address: _____
Alt. Emergency Contact: _____

Phone: H: _____ C: _____
W: _____
H: _____ C: _____
W: _____
H: _____ C: _____
W: _____
H: _____ W: _____

Medical Information

Athlete must be covered by medical insurance in order to participate in Woodman Athletics classes or events.

Athlete's Insurance Company _____ Policy # _____
Physician: _____ Phone # _____
Hospital: _____ Date of last Physical: _____
Allergies: _____

Allergies to drugs? _____

Does athlete suffer from: Asthma _____ Diabetes _____ Epilepsy _____ Other _____

Special Instructions: _____

Is athlete on medication? _____ If so, what _____

Does athlete have any disabilities? _____ If so, what are they? _____

Is there any additional information we should know? _____

Signature of Athlete (Parent signs if participant is under 18 years)

Family Membership: \$15.00 September 2011 – August 2012