

Fitness and Conditioning Program

February 5 through February 28, 2019

Tues & Thurs 3:15 – 4:30 pm

Location: Seaford Middle School Gym

REGISTRATION FORM- Must be submitted for you to participate

PARTICIPANT INFORMATION Please type or print legibly.

Last Name: _____ First Name: _____

Gender: Female Male Age: _____

School: _____

Grade Entering School Year 2018/2019: _____

Home address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Country: _____ Telephone: _____ Cell: _____

Parent email: _____

(Include area code with telephone)

Mother's name: _____ Father's name: _____

Mother's day phone: _____ Father's day phone: _____

Mother's cell: _____ Father's cell: _____

Person's Authorized to pick up child: _____

Emergency contact*: _____ Relationship: _____ Phone: _____

Emergency contact*: _____ Relationship: _____ Phone: _____

Specify any of your child's health problems: _____

Is your child on any medication? No Yes If so, please specify: _____

Contact Information

For more information, contact Catherine McMahon, Megan Fox or Sara Parrish
302-629-4587 x1555

Catherine.mcmahon@seaford.k12.de.us

Megan.Fox@seaford.k12.de.us

Sara.Parrish@seaford.k12.de.us

SIGNATURE OF PARENT OR GUARDIAN _____ **DATE** _____