



# REGISTRATION FORM

(Make all checks payable to: BAY LAUREL P.F.A.)

**BASKETBALL**  
TUESDAY

KINDERGARTEN

ELEMENTARY

**14 WEEKS**  
**\$322.00**

**DYNAMIC SPORTS**  
WEDNESDAY

KINDERGARTEN

ELEMENTARY

**14 WEEKS**  
**\$322.00**

**FLAG FOOTBALL**  
THURSDAY

KINDERGARTEN

ELEMENTARY

**14 WEEKS**  
**\$322.00**

**GIRLS DYNAMIC SPORTS**  
FRIDAY

ELEMENTARY

**14 WEEKS**  
**\$322.00**

### Parent 1

First Name\*

Last Name\*

Home Phone\*

Cell Phone\*

Work Phone\*

Email\*

### Emergency Pick-Up

Name\*

Contact\*

Name\*

Contact\*

Name\*

Contact\*

Health Insurance Carrier

### Student Information

First Name\*

Last Name\*

Gender\*

Male  Female

Grade\*

Classroom Number and Teachers Name\*

Allergies: (If None - Type None)\*

Primary Doctor\*