



**Beuerlein Pro Fitness Academy
Summer 2008 Registration**

Name: _____ Called By: _____

Parent Name: _____

Full-time Guardian? Y N

If No, list Full-time Guardian: _____

Contact Phone: (H) _____ (C) _____

Contact Email: _____

Date of Birth: _____ Sex: _____ Grade: _____

Emergency Contact: _____

Emergency Contact Number: _____

Emergency Contact 2: _____

Emergency Contact 2 Number: _____

Week of Camp Attending: _____

Location of Camp: South Charlotte Mooresville Middle School

Session of Camp Attending (A.M. / P.M.) : _____

Allergies: _____

History of Injury: _____

Camper Goals: _____

Camper Interests: _____

Form of Payment: Check Credit Card Cash

T-Shirt Size: _____

How Did You Hear About Us? _____