

ACE of Dothan Registration Form

Annual Registration Fee of \$45 plus class fee due upon start date

Name: _____

Date: _____ Date of Birth: _____

Parent's Name/Guardian: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Email Address: _____

School Attending: _____ Grade: _____

List previous injuries of 2 years or less _____

Any medical issues that we need to be aware of (diabetes, asthma, heart problems, etc.)

What level of achievement to you hope to gain from ACE of Dothan? _____

What is the hardest trick you can perform without aid of a spotter? _____

How did you hear about ACE of Dothan and/or who recommended ACE?

Thank you for choosing ACE of Dothan!