

Club Genesis Registration Form

(Please Print Clearly)

For Office Use Only

Jupiter Mars Mercury Neptune Pluto
 Saturn Venus Group: _____ PC KC

Child's Name: _____ Date: _____

Home Address: _____ Zip Code: _____

Pickup Address: (Same as Home Address): _____

Phone: (____) _____ Cell: (____) _____ Date of Birth: ____ - ____ - ____

Parent/Legal Guardian's Name(s): _____

Approved Contact(s) at Child's Residence(s): _____

Pertinent Medical Information:

PLEASE TURN CARD OVER TO SIGN RELEASE AND WAIVER ➤ ➤