

PLEASE PRINT CLEARLY
ONE PER STUDENT
Club K

**REGISTRATION &
MEDICAL RELEASE FORM
TRAINING CENTER**

For Grade/Age: Kindergarten- 5 Years old

Tuesdays 10:00-12:00 at Hope Church Montgomery

(16430 FM 2854 Rd., Montgomery, Tx 77316)

Contact: Clubkteacher@yahoo.com OR Lisa (832)-515-6061

NOTE: The Training Center requires each FAMILY to sign a Family Agreement. TTC has a \$75 nonrefundable family registration fee, which must be mailed along with the Family Agreement to The Training Center, 3214 Felton Springs Dr., Spring, TX 77386. Further information and the Family Agreement may be found on The Training Center's website. TTCclasses.com

Club K Registration Form

E-mail _____

Parent's Names _____

Address _____ City _____ Zip _____ Phone

_____ Alternative Phone # _____ Child's Name _____

Age as of 9/1/24 ____ DOB _____ M or F

Child's Name _____ Age as of 9/1/24 ____ DOB _____ M or F

Child's Name _____ Age as of 9/1/24 ____ DOB _____ M or F

A nonrefundable check for \$70 supply fee will be cashed July 1st

A non-refundable check for \$60 first tuition payment will be cashed July 1st

Please make checks payable to Lisa DeYoung

Mail this completed form along with your supply fee and July tuition installment to: **Lisa DeYoung 6307 Palmer Court, Magnolia, Tx 77354**

Supply Fee \$ _____

Tuition \$ _____

Total Amount Paid \$ _____

By enrolling your child, you are permitting their picture to be added to our private class Facebook page. We post weekly all the happenings in class for the parents to enjoy.

How did you hear about Club K? _____

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Student Information

Last Name _____ First Name _____
Date of Birth _____ Email _____
Mother's Name _____ Father's Name _____
Address _____ City _____ TX, Zip _____
Gender _____ Height _____ Weight _____ Last Tetanus Shot _____

Phone Numbers

Home Number _____ Mom _____
Cell _____ Work Number _____
Dad Cell _____

Medical Information

Please describe any medical condition your child
has _____

Does your child have any food allergies? NO YES explain _____

Has your child ever had any seizures? NO YES explain _____

Has your child ever had any signs of asthma? NO YES explain _____

Please list any medical treatments you do not authorize your child to
receive _____

Emergency Numbers

Family Physician _____ Phone _____
Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

Insurance Information

Name of Insured _____ Employer _____
Address _____ City _____, Zip _____
Certification Phone _____ Policy # _____ Group # _____

Medical Release: I hereby acknowledge and agree to the following:

I hereby give my approval for my child _____, to
participate in the classes at The Training Center. I agree to assume all risks and hazards
which may occur during my child's participation in this program. I hereby waive, release,
and agree to hold harmless The Training Center, Corinne Park, Billie Jo Craig, Lisa DeYoung
and any assistants from any injuries, harm or other damages that may occur to me or my
child in connection with The Training Center. In the event that I cannot be reached to make
arrangements for emergency medical treatment, I authorize Lisa DeYoung to obtain and
authorize any medical services and treatment that the medical staff deems necessary. This
may include but is not limited to, transportation to the nearest facility for treatment. Lisa
DeYoung has my permission to sign any forms and to ensure emergency treatment

Parent _____ Date _____

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