

ZLO Student Registration Form

Fill out **one** per student. This form will be kept on file until data changes.

Student's name: _____

Parents: _____

Student's birth date: _____

Home phone: _____

Dad's cell: _____

Mom's cell: _____

Address: _____

Email for billing: (whose/address) _____

Other email: (whose/address) _____

Student's email _____

May we include name, address, and phone in a directory to distribute to other ZLO families? ____yes ____no

Medical information form:

In the event that this child becomes ill or sustains an injury while under supervision of ZLO instructors or other adults, I give permission to take whatever steps necessary to protect our child's welfare. I hereby authorize the treatment by qualified, licensed, medical personnel in the event of a medical emergency which, if delayed, may endanger my son/daughter's life, or cause physical impairment or undue discomfort. This authority is granted only after reasonable effort has been made to reach me.

Parent/Guardian signature: _____

If there is an emergency, who do we call first?

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any medical conditions (allergies, diabetes, etc.) that we should be aware of?

Mail to: ZLO,702 Kentucky #414, Bellingham, WA 98225 (This is NOT where we meet.)

(For Office Use)

Fall _____ Spring _____
Fall _____ Spring _____
Fall _____ Spring _____
Fall _____ Spring _____