



CASEY CAVALIERS ACADEMY

Registration Form

Name: _____ DOB _____

Address: _____

Contact No. _____ Email: _____

Parents Details

Name _____ MOB _____ Phone _____

Name _____ MOB _____ Phone _____

Does your child have a medical condition YES/NO If yes, please explain

Ambulance Subscription YES/NO

Cost: (\$12 per session, calculated on a Term basis. Payments are non-refundable)

Payments can be made by Cash/Cheque, and are non refundable.

Start Date:

Finish Date:

Print Name _____ Signature _____ Date _____