



REGISTRATION FORM (Please PRINT) - Only one form per family is required

Last Name: _____ Home Phone: _____

First Name(s): _____ Cell Phone: _____

Ages: _____

Address: _____ City: _____ ZIP: _____

Emergency Contact: _____ Phone Number: _____

I hereby authorize Cypress Academy to consent to medical treatment for my child if I cannot be reached to so consent. No prior determination of life threatening emergency or danger of serious or permanent injury resulting from delay of treatment need be made under this authorization. I am fully aware that any activity involving motion or height creates the possibility of serious injury and I further agree to hold Cypress Academy and its staff harmless for any injury or resulting expense. I release and discharge any and all rights and claims against Cypress Academy.

Parent or Guardian Signature: _____ Date: _____ Circle One: **PDO PNO**



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