



### SPEED AND AGILITY CLASS REGISTRATION

1. Each participant must submit a registration form and a non-refundable deposit of \$50 prior to May 30, 2009.

2. Checks should be made payable to PT Works. Balance is due by June 15 or reservation in class may be forfeited.

3. We reserve the right to cancel the class if the minimum class size is not met. Full refunds will be issued if PT Works cancels the class.

4. Tuition is not refunded or pro-rated for part-time attendance.

Mail or deliver application to:  
PT Works  
2296 John Rolfe Parkway  
Richmond, VA 23233

Phone: 804-741-7077  
Website: wwwPTWorksLLC.com

Date received: \_\_\_/\_\_\_/\_\_\_  
Confirmation letter sent: \_\_\_/\_\_\_/\_\_\_

### REGISTRANT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

E-mail address: (Please print clearly) \_\_\_\_\_

Name of parent/guardian with whom child resides: \_\_\_\_\_

Home phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Relation to child: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Age as of 6/09: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Grade entering fall of 2009 \_\_\_\_\_

Sex: M F School the applicant will attend fall of 2009: \_\_\_\_\_

IN CASE OF EMERGENCY (if parent or guardian cannot be reached) we should call:

Name: \_\_\_\_\_

Relation to registrant: \_\_\_\_\_ Phone numbers: \_\_\_\_\_

Name (alternate): \_\_\_\_\_

Relation to registrant: \_\_\_\_\_ Phone numbers: \_\_\_\_\_

Family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Insurance ID #: \_\_\_\_\_

Does the registrant have any special medical concerns (health, physical restrictions, learning, allergies, etc.) or previous surgeries that we should know about?  Yes  No

If yes, please specify: \_\_\_\_\_