

Today's Date: _____ Class Begins: _____ to _____ Class Time: _____

Name _____ Male Female

First Middle Initial Last

Address _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ Cellular (____) _____

Mother's Name _____ Phone if Different _____

Father's Name _____ Phone if Different _____

Guardian's Name _____ Phone if Different _____

Emergency Contact _____ Relationship _____ Phone _____

School You Presently Attend _____

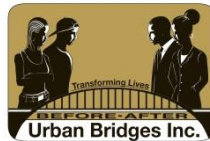
Doctor's Name _____ Hospital _____ Insurance _____ Policy # _____

Are you currently on medication? _____ if yes, please list _____

Allergies, if any, please list: _____

How are you paying for this course? Cash _____ or Credit Card _____ (No Checks)

Parent or Guardian Signature _____



Email: pat@urbanbridges.org - Web Site: www.urbanbridges.org

503-493-9436 (wk) - 503-493-9450 (fax)

503-756-6363 (wk cell)

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