

# Club Explore 2020-2021

## For Grades: 1<sup>st</sup>-3<sup>rd</sup>

**Mondays 9:45-Noon at Crossview Church**

Email: judya.doyle@gmail.com OR m\_burrow@hotmail.com

Judy (281) 702-3616 / Mindy (936) 443-9307

NOTE: The Training Center requires each FAMILY to sign a Family Agreement. TTC has a \$60 nonrefundable family registration fee which will need to be mailed along with the Family Agreement to The Training Center, 3214 Felton Springs Dr., Spring, TX 77386. Further information, along with the Family Agreement, may be found on The Training Center's website. TTCclasses.com

## Club Explore Registration Form

E-mail \_\_\_\_\_

Parent's Names \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Alternative Phone # \_\_\_\_\_

Child's Name \_\_\_\_\_ Age as of 9/1/20 \_\_\_\_ DOB \_\_\_\_\_ M or F

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Nonrefundable check for \$35 supply fee will be cashed **July 1<sup>st</sup>**

Nonrefundable check for \$60 August tuition will be cashed **August 1<sup>st</sup>**

*Please make checks payable to Judy Doyle*

Mail this completed form along with your supply fee and August payment to: Judy Doyle 2510 Riverway Drive, Conroe, TX 77304

Supply/Snack Fee \$ 35 (Per Family – Per Semester)

Tuition \$ \_\_\_\_\_ (\$60 per student)

Amount Paid \$ \_\_\_\_\_

Please let us know if we *do not* have your permission to use your child's photo on the website, brochures or in advertising.

How did you hear about Club Explore? \_\_\_\_\_

**Student Information**

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Email \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ TX, Zip \_\_\_\_\_  
Gender \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Last Tetanus Shot \_\_\_\_\_

**Phone Numbers**

Home Number \_\_\_\_\_ Mom Cell \_\_\_\_\_  
Work Number \_\_\_\_\_ Dad Cell \_\_\_\_\_

**Medical Information**

Please describe any medical condition your child has \_\_\_\_\_  
Does your child have any food allergies? NO YES explain \_\_\_\_\_  
Has your child ever had any seizures? NO YES explain \_\_\_\_\_  
Has your child ever had any signs of asthma? NO YES explain \_\_\_\_\_  
Please list any medical treatments you *do not* authorize your child to receive \_\_\_\_\_

**Emergency Numbers**

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Insurance Information**

Name of Insured \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ TX, Zip \_\_\_\_\_  
Certification Phone \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

**Medical Release**

I hereby acknowledge and agree to the following:  
I hereby give my approval for my child \_\_\_\_\_, to participate in the classes at The Training Center.  
I agree to assume all risks and hazards which may occur during my child's participation in this program. I hereby waive, release, and agree to hold harmless The Training Center, Corinne Park, Billie Jo Craig, Judy Doyle, Mindy Burrow, and any assistants from any injuries, harm or other damages that may occur to me or my child in connection with The Training Center.  
In the event that I cannot be reached to make arrangements for emergency medical treatment, I authorize Judy Doyle or Mindy Burrow to obtain and authorize any medical services and treatment that the medical staff deems necessary. This may include, but is not limited to, transportation to the nearest facility for treatment. Judy Doyle or Mindy Burrow have my permission to sign any forms and to ensure emergency treatment.  
Parent \_\_\_\_\_ Date \_\_\_\_\_