

Mommy & Me Registration Form

\$6/class, \$5/additional child

\$50 for 10 Class Pass

Child's Name: _____ DOB: ____ / ____ / ____

Sibling's Name: _____ DOB: ____ / ____ / ____

Sibling's Name: _____ DOB: ____ / ____ / ____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

By signing, I acknowledge that I have read, understand, and agree to the following. Copies of all forms and waivers can be found online at LCRAC.com.

1. Concussion Information Sheet
2. Concussion Information
3. COVID-19 Return to Play
4. Medical Release
5. Participants of Minority Age
6. Refund Policy

Signature: _____ Date: _____