

## Cut Time Registration

First name \_\_\_\_\_ Last name \_\_\_\_\_

Date of birth \_\_\_\_\_ Grade level \_\_\_\_\_ Gender \_\_\_\_\_

Student School Email \_\_\_\_\_

Parent Email \_\_\_\_\_

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

State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal code \_\_\_\_\_

Home telephone (Landline) \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent mobile telephone \_\_\_\_\_ Mobile provider \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Existing conditions \_\_\_\_\_

\_\_\_\_\_