



Aerial Expressions
YOUTH AERIAL REGISTRATION FORM

Students Name: _____

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DOB: _____ Age: _____ Gender: _____

School/Work _____

Address: _____

City: _____ State: _____ Zip: _____

Parent(s) name: _____

Cell Phone: _____

Email: _____

In case of emergency Contact: (must be at least 18 years of age)

Name: _____ Cell Phone: _____

Any known Allergies or Medical Conditions:

(Please include any neurodiverse issues/ ADHD, Aspergers, Dyslexia, etc) _____

Medications/Medical Devices brought to studio (Inhalers, Epi Pen, Insulin monitors or pumps, etc): _____

Person(s) dropping off/picking up Child

Name _____ # _____

Name _____ # _____

⇒ Initial _____ Date _____

***I understand that dropping off students more than 15 minutes early, or pickinup more than 15 minutes late will result in fees.**

(see Early Drop Off/Late Pick Up Fees)