



# LESSON PROGRAM REGISTRATION

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Student name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_  
Street Address

\_\_\_\_\_ City State Zip

Email address: \_\_\_\_\_

## Pertinent medical information:

\_\_\_\_\_

**Emergency contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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## Office Use ONLY:

Kendall County resident? YES NO

Type of lesson: LEAD LINE PRIVATE SEMI-PRIVATE

**\*MAKE A COPY OF THIS SHEET TO INCLUDE WITH EVERY PAYMENT SENT UP TO YORKVILLE TO BE PROCESSED!  
If you do not include the contact information on this sheet, the payment CANNOT be processed!**