

**Central Montana Sports Enhancement Program Registration Form**

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| 1. Athlete Information |
| Name: | Age: DOB: | Circle: Male Female |

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| --- | --- | --- | --- | --- | --- |
| 1. Parent Information | | | | | |
| Name: | | | | | |
| Address | City | | | State | Zip |
| Email address | | | Phone | | |
| Emergency Contact Name | | Emergency Phone Number | | | |

* $150 for 1st child, $100 per additional child; 17 Sessions – May 29th – July 9th, 2018
* **Registration deadline: May 25th**

Checks payable to: CMMC

Basin Therapy

215 3rd Street South

Stanford, MT 59479