

**The Master Class Academy Registration Form**

711-B Orange Ave, Winter Park, FL 32789

Phone 407-645-4000 • Fax 407-645-4599

www.masterclassacademy.com

Student's Name: \_\_\_\_\_ Student's Age: \_\_\_\_\_

Please check one:  Male  Female

Birth date: \_\_\_\_\_ School: \_\_\_\_\_

Parent or Legal Guardian (for minors only): \_\_\_\_\_

Telephone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person if Parent or Legal Guardian cannot be reached: \_\_\_\_\_

Telephone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Address: \_\_\_\_\_

Medical Information (please list any and all physical limitations or restrictions):

\_\_\_\_\_  
\_\_\_\_\_

Previous Training:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Class Choices and Times:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current School:

\_\_\_\_\_  
\_\_\_\_\_

We would like to keep you updated on schedule changes and events, if you prefer to be notified by email, please list your email address:

\_\_\_\_\_

How did you hear about us?

\_\_\_\_\_

Additional Comments

\_\_\_\_\_  
\_\_\_\_\_

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this form to The Master Class Academy or Fax to 407-645-4599**