

Best Results Academy

INTENT TO ENROLL

4788 Jonesboro Road, Building B Union City, GA 30349 Telephone: (770) 969-9208

Date: _____

Student Information

Student's Name: (Last, First, Middle)	Grade for Current School Year
Date of Birth: (Month, Day, Year)	Student's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Student's Home Address: (Street, Apt, City, State, & Zip)	County
Home Phone Number ()	Alternate Number ()

Parents/Guardian Information

Mr. and Mrs. Mr. Mrs. Ms. Other

Name: (Last, First, Middle)

Home Address (If different from above)

Phone Number (If different from above)

Relationship: Parent Married Separated Divorced
 Guardian (Explain)

Emergency Information

In the event that a parent or guardian is unavailable, the following person will be contacted and authorized to pick up your child(ren). (**Note: Your child will not be released into the care of anyone who is not listed below.**)

Emergency Contact Name

Address: (Street, Apt#, City, State & Zip)

Home Phone #

Work Phone #

Cell Phone #

Relationship to Student

Father
Employer _____
Address _____
City, State, Zip _____
Phone _____

Mother/Guardian
Employer _____
Address _____
City, State, Zip _____
Phone _____

I/We, the parents/guardians of _____ a minor, hereby consent to his/her participation in Best Results Academy and to his/her use of Best Results facilities and equipment. I/We further agree to release and hold harmless Best Results, and their employees, agents and assigned from any and all liability of expenses arising out of any incidents involving, or any account of any injury to the above named minor in connection with such program. I/We further consent to emergency treatment by a physician in the event of injury to, or illness of, our child during his/her participation in this program. I/We accept full responsibility for all costs of any such emergency treatment. I/We agree to abide by Best Results Academy's policies.

Parent's Signature

Date