



Leadership Day

Guest Information

GUEST'S NAME: _____ DOB: _____

ADDRESS: _____

CITY: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

PARENT'S NAME: _____

WHO IS THE STUDENT WHO BROUGHT YOU HERE TODAY?

HAVE YOU BEEN A GUEST ON LEADERSHIP DAY BEFORE? YES NO (circle one)

WOULD YOU LIKE SOME INFORMATION ABOUT CLASSES? YES NO (circle one)

I understand that the classes will consist of exercise, which may result in potential injury, and that there will be physical contact between the instructors and students, and between students and other students, and agree that the school will not be held liable for any injury or possible contraction of a communicable disease.

Date: _____ Signature: _____