



**LEHIGH VALLEY**  
**Physical Education Program 2011-2012**  
Registration Form

Parent / Legal Guardian

Address

Home #

Work #

Cell #

Email

Emergency Contact

Phone #

I agree to the terms stated in the Privacy Policy on the Push The Rock website [www.pushtherock.org](http://www.pushtherock.org)

Name	DOB	T-Shirt Size	Tues	Session
1.				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>

Medical Conditions / Allergies

Name	DOB	T-Shirt Size	Tues	Session
2.				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>

Medical Conditions / Allergies

Name	DOB	T-Shirt Size	Tues	Session
3.				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>

Medical Conditions / Allergies

Name	DOB	T-Shirt Size	Tues	Session
4.				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>

Medical Conditions / Allergies

Name	DOB	T-Shirt Size	Tues	Session
5.				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>

Medical Conditions / Allergies

Name	DOB	T-Shirt Size	Tues	Session
6.				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>

Medical Conditions / Allergies

Please email registration form to [kschlonecker@pushtherock.org](mailto:kschlonecker@pushtherock.org) or mail registration with payment to: Push The Rock, P.O. Box 95, Emmaus, PA 18049