SIGS Sportsplex
4343 Security Parkway
New Albany, IN 47150
812-949-SIGS • office@sigssportsplex.com

SIGS SPORTSPLEX REGISTRATION FORM

_____ _____ _____ _____/_____/_____
1ST Student Name Sex Age D.O.B

_____ _____ _____ _____/_____/_____
2nd Student Name Sex Age D.O.B

_____ _____ _____ _____
Home Address City State Zip Code

_____ (_____)_____ (_____) _____ (_____) _____
Parent or Guardian Home Phone Work Phone Cell Phone

How did you learn of SIGS? _____ Have you ever been enrolled at SIGS before Yes? _____ No? _____

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Class Information

1st Child, 1st choice _____
Class Name Day Time

1st Child, 2nd choice _____
Class Name Day Time

2nd Child, 1st choice_____
Class Name Day Time

2ND Child, 2nd choice _____
Class Name Day Time

You will be notified only if your 1st choice cannot be honored!

Gymnastics_____ Cheer _____ Dance _____ Swimming _____

* Annual Family Registration Fee ……. $ _____ Check (ck #_____) Credit Card

Tuition (full payment required) ……. $_____ Name on card _____

Discount 10% on 2nd program in same session ……. - (_____) Card #_____Exp_____
(LOWER PRICE USED FOR DISCOUNT)

Total Enclosed …….. $ _____ Signature _____