

LEG Up! PERSONAL INFORMATION FOR REGISTRATION
CONFIDENTIAL WHEN COMPLETED

First Name:	Last Name:
Street:	Unit:
City:	Postal Code:
Home Phone #:	Cell #:
Email Address:	

Please list the classes that you are interested in:

In Case of Emergency, please provide information on two (2) persons to contact:			
Name:		Name:	
Relationship:		Relationship:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Work Phone:		Work Phone:	

Information we need to best support you: *Complete for initial registration and update when required.*

Medical Considerations/Support Needs: (Conditions, food allergies, seizures, mental health, behaviour management, etc.)	
What do you do to help yourself when you are having a hard time, and how can we help?	