

Training Ground Membership Renewal Form

For the academic year _____ - _____

Student Name _____

Grade entering _____

Changes in Contact or Insurance Information

Email: _____

Address: _____

Phone: _____

Parent Cell Phone (Circle: *Mom* or *Dad*): _____

Insurance Provider/No. _____

Any new allergies or health concerns? _____

Other information you would like us to have on file:

Student's course interests:

_____	_____
_____	_____
_____	_____
_____	_____

Student's other interests:

_____ Service Projects

_____ TG Work Credit

_____ Leadership

_____ Hobby Club: _____