



Registration/Contact Form

(It is advisable to make copies for your personal records)

PLEASE COMPLETE A SEPARATE FORM FOR EACH PERSON or CHILD YOU WISH TO REGISTER AND PRINT CLEARLY.

Return this completed form, along with the "Waiver/Release", "Photo/Name Release" and "Agreement of Commitment and Attitude" forms to:

TachyonTC
10 Key Largo
Aliso Viejo, CA 92656-6000.

Email (contact us): TachyonTC@cox.net
Web Site (our home): www.TachyonTC.net
Shop/Store (pay dues): Shop.TachyonTC.net
(For online payments)

Participant Information:

Gender: M / F

Age: _____

Last Name: _____ First Name: _____ Birth date: ____/____/____

Home Address: _____ Cell Phone: _____

City/St/Zip: _____ Home Phone: _____

E-mail(s): _____

(Your email addresses at which you wish to receive important notices from us. E-mail, our website and verbal notices at practices are the primary forums of communication for us.)

Parent Information:

Father's Name: _____ **Work Phone:** _____

Home Address: _____ Cell Phone: _____

City/St/Zip: _____ Home Phone: _____

E-mail: _____

(Your email addresses at which you wish to receive important notices from us. E-mail, our website and verbal notices at practices are the primary forums of communication for us.)

Mother's Name: _____ **Work Phone:** _____

Home Address: _____ Cell Phone: _____

City/St/Zip: _____ Home Phone: _____

E-mail: _____

(Your email addresses at which you wish to receive important notices from us. E-mail, our website and verbal notices at practices are the primary forums of communication for us.)





Emergency Contact Information:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Insurance Information:

Company: _____ Policy Number: _____

Medical Information:

Primary Physician: _____ Phone: _____

General Health:

Please list any allergies, medications, or anything that could inhibit physical exertion.
