



Westridge Christian/Orchard Academy  
 3894 Due West Road Suite 100  
 Marietta, Georgia 30064  
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[www.orchard-academy.net](http://www.orchard-academy.net)  
[www.westridgechristian.com](http://www.westridgechristian.com)



**Westridge Athletics Registration Form**

**Organized Physical Education Program**

*All Westridge Athletic Programs take place at Lost Mountain Park off of Dallas Hwy. unless otherwise noted.*

Name of Student: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Ph: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Westridge Athletic Programs**

Please Indicate which program you are registering for:

<b>Track:</b> _____	<b>Please circle:</b>	<b>Session I</b>	<b>Session II</b>	<b>Session III</b>	<b>Session IV</b>
Please Circle:	Elementary	MS/High School			
Gender? Please Circle:	Male	Female			
Date Session Begins: _____					

*Tennis is only offered in the following sessions.*

<b>Tennis:</b> _____	<b>Please circle:</b>	<b>Session I</b>	<b>Session II</b>	<b>Session IV</b>
Please Circle:	Elementary	MS/High School		
Please Circle:	(No Experience)	(Some Experience)		
Date Session Begins: _____				

<b>General PE:</b> _____	<b>Please Circle</b>	<b>Session I</b>	<b>Session II</b>	<b>Session III</b>	<b>Session IV</b>
Please Pick:	Elementary	MS/High School			
Gender? Please Circle:	Male	Female			
Date Session Begins: _____					

**Summer Clinics:**

Please Circle:	Elementary	MS/High School		
Please Circle:	Track	Baseball	Tennis	
Date Session Begins: _____				

*Times and Dates for Summer clinics vary. Clinics may take place at other facilities other than Lost Mountain Park. Each clinic lasts a minimum of 2 hours a day.*

