



OLA HIGH SCHOOL WINTERGUARD

2024 REGISTRATION FORM

STUDENT INFORMATION

STUDENT NAME _____ GRADE _____
(2023-2024 school year)

STREET ADDRESS _____

CITY _____, GEORGIA ZIP _____

MOBILE _____ EMAIL _____

ATHLETIC SHIRT SIZE _____ ATHLETIC LEGGINGS SIZE _____

PARENT | GUARDIAN # 1 INFORMATION

PARENT | GUARDIAN #1 NAME _____

CHECK HERE IF ADDRESS IS THE SAME *Provide the address below if not the same.*

STREET ADDRESS _____

CITY _____, GEORGIA ZIP _____

MOBILE _____ EMAIL _____

PARENT | GUARDIAN # 2 INFORMATION

PARENT | GUARDIAN #2 NAME _____

CHECK HERE IF ADDRESS IS THE SAME *Provide the address below if not the same.*

STREET ADDRESS _____

CITY _____, GEORGIA ZIP _____

MOBILE _____ EMAIL _____