



Registration Form

Child's Name _____ Sex: M F (circle one)

Child's Age: _____ Date of Birth: _____ Last grade Completed: _____

Name Of Parent(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: (____) _____

Parent/Caregiver's cell phone:(____) _____

Home Email Address: _____

Home Church: _____

Team name or number(for church use only) _____

Allergies _____

Other Medical Conditions: _____

In case of emergency, contact: _____

Phone: _____

Relationship to child: _____