



REGISTRATION FORM

Name: _____

Address: _____

Phone #: (home) _____ (cell) _____

Age: _____ Grade: _____ School: _____

Allergies: Food _____ Other _____

Emergency Contacts:

1. _____ Relation _____ Phone# _____

2. _____ Relation _____ Phone# _____

Parent/Guardian:

Printed Name

Date

Signature



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