     Registration Form

## Child Information:

Full Name: Nick Name:

Birth Date: Allergies:

Epi-Pen Inhaler

Address: Phone:

City: State: Zip Code:

Parent /Guardian Information

Full Name

Address

Home/ Cell

Work Phone

Emergency Contact

Please list an alternate person who can be contacted in an emergency if the parent(s) or guardian(s) cannot be reached:

|  |  |
| --- | --- |
| **1st Alternate Contact:** |  |
| **Relationship to child:** |  |
| **Home street address:** |  |
| **City, State, Zip Code:** |  |
| **Home/Cell Phone:** |  |
| **E-mail:** |  |
| **Work Phone:** |  |
| **Is this person authorized to make medical decisions for your child if you cannot be reached? Yes**  **No** | |

Do you allow your child to be photographed for our Social Media pages and Website?

Yes  No

