



Registration Form

OFFICIAL USE ONLY

Childs Name: _____ M or F

Age: _____ Birthday: ____/____/____ Class: _____

Childs Name: _____ M or F

Age: _____ Birthday: ____/____/____ Class: _____

Parents/Legal Guardians: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone:(_____) _____ - _____ Parent/Legal Guardian: _____ Texts: YES/NO

Cell Phone:(_____) _____ - _____ Parent/Legal Guardian: _____ Texts: YES/NO

Work Phone:(_____) _____ - _____

Email: _____ @ _____

Referred By: _____

Secondary Emergency Contact Information

Name: _____ Relation: _____

Cell Phone:(_____) _____ - _____

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