



Online Registration

REGISTRATION FORM

Child's Name: _____

Child's Age: _____ Date of Birth: _____

Last school grade completed: _____ T-Shirt size: _____

Name of Parent(s): _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Home Telephone: (_____) _____

Cell Phone: (_____) _____

Email Address: _____

Home Church: _____

Allergies or other medical conditions:



In case of emergency, contact: _____

Phone Number: (_____) _____

Relationship to Child: _____