

HALO

TEEN SUMMER REGISTRATION FORM

44 Roberts Road
Canaan, NH 03741
603-523-8804

Child name _____
Address _____
Town _____
Phone # _____
Age _____

Medical conditions, allergies, etc., that HALO needs to be aware of. Please explain.

Parents Information:

Name _____
Address _____
Town _____
Phone # _____
My child can ride home with _____

Contact information in case of emergency and parent cannot be reached.

I give permission for my son/ daughter to participate at HALO Educational Systems Teen Events, Saturdays from May until October.

Name (print) _____

Signature _____ Date _____