|  |  |
| --- | --- |
| **Registration Date: Program:** **Participant Information** First Name: Last Name: Date of Birth: Grade/Teacher:  |  |
| Participant's Address (with postal code):**Medical Information**  |  |
| Does the participant have medical conditions and special needs? If yes, please explain:  | YES  | NO |
| Does the participant have allergies and dietary restrictions?  | YES  | NO  |
| If yes, please explain:  |  |
| Are the participants immunizations up to date?  |  | YES  | NO  |
| **Parent/Guardian Information** First Name: Relationship: Primary Phone: Address (with postal code): **Parent/Guardian 2 Information** First Name: Relationship: Primary Phone: Address (with postal code): **Emergency Contact Information** First Name: Relationship: Primary Phone:  | Last Name:  |  |  |
| Email Address: Alternative Phone: Last Name: Email Address: Alternative Phone: Last Name: Email Address: Alternative Phone:  |

Address (with postal code):

**Additional Authorized Pickup 1**

|  |  |
| --- | --- |
| First Name: Relationship: Primary Phone: Address (with postal code): **Additional Authorized Pickup 2** First Name: Relationship: Primary Phone:  | Last Name: Email Address: Alternative Phone: Last Name: Email Address: Alternative Phone:  |

Address (with postal code):

**Photography/Video/Social Media Release Permission**

I give permission for my child to be photographed and videotaped during program activities:

|  |  |  |
| --- | --- | --- |
| Photography  | YES  | NO  |
| Video  | YES  | NO  |
| Social Media  | YES  | NO  |

Please Sign:

**Additional comments to help us better understand your child:**

Signature: Date: