|  |  |  |  |
| --- | --- | --- | --- |
| **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: