



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? YES NO

If yes, please explain:

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:

Last Name:

Relationship:

Email Address:

Primary Phone:

Alternative Phone:

Address (with postal code):

Parent/Guardian 2 Information

First Name:

Last Name:

Relationship:

Email Address:

Primary Phone:

Alternative Phone:

Address (with postal code):

Emergency Contact Information

First Name:

Last Name:

Relationship:

Email Address:

Primary Phone:

Alternative Phone:

Address (with postal code):



Additional Authorized Pickup 1

First Name:

Last Name:

Relationship:

Email Address:

Primary Phone:

Alternative Phone:

Address (with postal code):

Additional Authorized Pickup 2

First Name:

Last Name:

Relationship:

Email Address:

Primary Phone:

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: