



# Registration Form

(One Per Child)

Child's name: \_\_\_\_\_ Child's gender: \_\_\_\_\_

Child's age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_

Name of parent(s): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home telephone: (\_\_\_\_\_) \_\_\_\_\_

Parent/caregiver's cellphone: (\_\_\_\_\_) \_\_\_\_\_

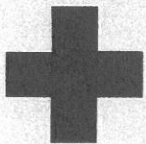
Home email address: \_\_\_\_\_

Home church: \_\_\_\_\_

Crew number or name (for church use only): \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

In event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. Initial \_\_\_\_\_



In case of emergency, contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Video/Photo Release: My child may appear in videos/photos for church use. Initial \_\_\_\_\_