

## REGISTRATION FORM

FAMILY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Primary Phone #: (\_\_\_\_) \_\_\_\_\_ Email Addresses: \_\_\_\_\_

FATHER: \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_

MOTHER: \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_

BEST CONTACT METHOD: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_  
(Other than above)

### For MIDDLE SCHOOL/HIGH SCHOOL

NAME	Birthdate	Grade	School	Cell Phone
1.				
Allergies/Medical Concerns:				
2.				
Allergies/Medical Concerns:				
3.				
Allergies/Medical Concerns:				
4.				
Allergies/Medical Concerns:				