



# Registration Form

(one per child)

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last School Graded Completed: \_\_\_\_\_

Name of Parents: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Parent/Caretaker Cell Phone: \_\_\_\_\_

Home Email Address: \_\_\_\_\_

Home Church: \_\_\_\_\_

Crew Number or Name (for church use only): \_\_\_\_\_

Allergies or other medical conditions:

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

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

Relationship to Child: \_\_\_\_\_



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