

Children & Youth Registration Form

	Address:			
	Birthdate: Age:		Grade:	
	Phone:			
	Allergies:			
	Regular Medicatio	ns:		
	Other information	or special circumstances:		
	Family/Caregiver Info	Name	Relationship to Child	Cell Phone
	Primary Caregiver 1		, , , , , , , , , , , , , , , , , , , ,	
	Primary Caregiver 2			
	Emergency Contact (if caregivers			
	unavailable)			
Prefe	erred email(s) for com	nmunications about events and s	scheduling:	
Phot	ograph/Video Releas	e:		
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