Allergies, medical conditions, or special needs:

In case of emergency, contact:

Phone:

Relationship to child:

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):

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