



Registration Form

PARENT'S INFORMATION

Parent/Guardian Names _____

Email _____

Phone 1 _____ Phone 2 _____

Address _____

City _____ State _____ Zip _____

Emergency Contact _____ Phone _____

CHILDREN'S INFORMATION

1st Child's Name _____

Male ___ Female ___ Birthday ___/___/___ Age ___ (Ages 3-10 as of July 31st)

Allergies or other conditions _____

2nd Child's Name _____

Male ___ Female ___ Birthday ___/___/___ Age ___ (Ages 3-10 as of July 31st)

Allergies or other conditions _____

3rd Child's Name _____

Male ___ Female ___ Birthday ___/___/___ Age ___ (Ages 3-10 as of July 31st)

Allergies or other conditions _____

4th Child's Name _____

Male ___ Female ___ Birthday ___/___/___ Age ___ (Ages 3-10 as of July 31st)

Allergies or other conditions _____

As Parent and/or Guardian, I do hereby authorize the treatment by a qualified and licensed medical doctor of the minors noted on this registration form in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence for this Club year.

Signed _____ **Date** _____

(Parent/Guardian)