



Register Now!

Child's name: \_\_\_\_\_

Gender: Male Female T-Shirt Size: YS YM YL AS A M AL

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade rising into: K 1 2 3 4 5

Address \_\_\_\_\_

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

Parent/Guardian \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Email \_\_\_\_\_

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

Phone \_(\_\_\_\_)\_\_\_\_\_

Please place my child in the same group as:

\_\_\_\_\_

Food allergies Y\_\_ N\_\_ If Yes, What?

\_\_\_\_\_

Medical concerns Y\_\_ N\_\_

Explain \_\_\_\_\_



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