

Registration Form



(church use only)

Name: _____ Age: _____ Family: _____

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Are there any allergies or other medical conditions we should know? _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Emergency Contact (name and relationship to child): _____

Phone: _____ Cell: _____

Name of Parent or Guardian
(please print)

Signature of Parent or Guardian



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