



Registration Form

- Participants Information

CHILD'S NAME	D.O.B	GENDER	
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ADDRESS	CITY	STATE	ZIP
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- Parent / Guardian Information

PARENT/GUARDIAN NAME	HOME #	WORK#	CELL#
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PARENT/GUARDIAN EMAIL ADDRESS

ADDITIONAL CONTACT NAME	PHONE#	EMAIL ADDRESS
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- Special circumstances/ Requirements/Allergies (Child)

- Emergency Contact

NAME	PHONE
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NAME	PHONE
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- Persons authorized to Pickup Child
