



Registration Form

Parent/Guardian Name(s): _____

Child's Name: _____

Age: _____ Grade: _____

Child's Name: _____

Age: _____ Grade: _____

Child's Name: _____

Age: _____ Grade: _____

Child's Name: _____

Age: _____ Grade: _____

Address _____

City _____ State _____ Zip _____

Primary Phone # _____

Email _____

Child's Allergies or Special Notes

