



2021

REGISTRATION FORM (one per child)

Child's Name _____ Child's gender _____

Child's Age _____ Date of birth _____ Last grade _____

Parents Name _____

Address _____ City _____ Zip _____

Home phone _____ Cell phone _____

E-mail address _____

Home Church _____

Allergies or other medical conditions _____

In case of emergency contact _____

Phone _____

Relationship to child _____

Photography Consent

As parent/guardian, my signature will give permission
For my child/children picture to be taken. I understand
These pictures can be used on the website.

Signature _____

T-Shirt Size

Youth Small _____ Med. _____ Large _____

Adult Small _____ Med _____ Large _____

ALL Aboard!

