



## Register me for

July 15-19, 2018

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

Gender: Male Female      Age \_\_\_\_\_ Grade completed \_\_\_\_\_

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

Parents/Guardian \_\_\_\_\_ Cell/Home phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency contact \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Food allergies Y\_\_\_ N\_\_\_ List \_\_\_\_\_

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



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