

# Registration Form

## Member Information (required):

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Member email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Parent/Guardian Information (required):

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_ Email address: \_\_\_\_\_

\_\_\_\_\_

## Emergency Information (required):

Contact #1: \_\_\_\_\_ Contact #2: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_ Phone number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medicare number: \_\_\_\_\_ Expire date: \_\_\_\_\_

I give my son/daughter permission to attend the 2019/2020 Teen Group and participate in all activities. I understand that any photos taken of my child may be used for future promotion purposes.

I give facilitators of Teen Group permission to contact my child through email and/or text message for Teen Group related information only.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date