

Last Name: _____

Kids Klub Registration

Child's Name: _____ Age: _____ Birth Date: _____ Sex: **M** or **F**

Parent(s) or Guardian Name: _____

Contact Phone Number: _____ Secondary Phone Number: _____

Email address: _____

Street Address: _____

City _____ State _____ Zip Code _____

In case of an emergency if we cannot reach you, who should we contact?

Name: _____ Relationship: _____

Contact Phone Number: _____ Secondary Phone Number: _____

Street Address: _____

City _____ State _____ Zip Code _____

The child may be released to the person(s) signing this form, or to the following people with proper ID:

Name

Phone Number

Does your child have any physical problems, mental disorders, or developmental disabilities which could limit the child's participation? (select one) YES NO

If yes, please specify: _____

Does your child have any allergies, such as food, medication, insects, etc.? (select one) YES NO

If yes, please specify: _____

Parent or Guardian Print Name

Parent or Guardian Signature

Date