



Registration & Health Information Form

Family Information

Family Last Name: _____
Attending Parent/Guardian Name(s): _____
Primary Email: _____
Primary Phone: _____
Home Address: _____

Student Information

(Use one section per child; copy as needed)

Student Name: _____
Date of Birth: _____ Age: _____
Grade: _____
Gender: _____

Emergency Contact Information

Emergency Contact Name: _____
Relationship to Student: _____
Phone Number: _____

Health Information

Are there any activity restrictions, medical conditions, allergies, or special considerations that we need to be aware of?

- No
 Yes — please describe: