

| Child's Name | |
|------------------------------|-----------|
| Age Grade | Birthday/ |
| Parent's Name | |
| Cell (| _ |
| Email | |
| | |
| Emergency Contact | |
| Name | |
| Cell () | |
| Allergies Or Special Notes | |
| | |
| | |
| May we photograph | |
| May we use in presentation _ | |
| - | |
| I shirt size | |