



# Registration Form

(One per child)

Child's name: \_\_\_\_\_ Child's gender: \_\_\_\_\_

Child's age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Last school grade completed \_\_\_\_\_

Name of parent(s): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home telephone: (\_\_\_\_\_) \_\_\_\_\_

Parent/caregiver's cell: (\_\_\_\_\_) \_\_\_\_\_

Home email address: \_\_\_\_\_

Home church: \_\_\_\_\_

Shirt size \_\_\_\_\_ I DO / DO NOT permit my child's photo on the Zion Facebook Page. (Please circle selection)

Allergies or other medical conditions: \_\_\_\_\_  
(Can be printed on back of form as well if needed)

In case of emergency, contact: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Crew number or name (church use only)** \_\_\_\_\_