



UNLEASHED!

# REGISTRATION FORM

(One Per Child)

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

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

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

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

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

Parent/Caregiver Cell Phone: \_\_\_\_\_

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

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

Allergies or other medical conditions: \_\_\_\_\_

Any dietary restrictions (vegetarian/vegan/other): \_\_\_\_\_

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

Unleashed Group Number (for church use only): \_\_\_\_\_