

# Shiloh's Club 22.6

## 2010-2011 Registration

Child(ren)'s Name(s): Child 1: \_\_\_\_\_

Child 2: \_\_\_\_\_

Child 3: \_\_\_\_\_

Age: 1) \_\_\_\_\_ Date of Birth: 1) \_\_\_\_\_ Grade: 1) \_\_\_\_\_

Age: 2) \_\_\_\_\_ Date of Birth: 2) \_\_\_\_\_ Grade: 2) \_\_\_\_\_

Age: 3) \_\_\_\_\_ Date of Birth: 3) \_\_\_\_\_ Grade: 3) \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

T-shirt size (please circle):

Children's size:

Adult size:

Child 1: Small Med. Large Small Med. Large

Child 2: Small Med. Large Small Med. Large

Child 3: Small Med. Large Small Med. Large

### Parent or Guardian Information

Father's Name: \_\_\_\_\_

Father's Address (if different than child's): \_\_\_\_\_

Work and/or cell phone number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Address (if different than child's): \_\_\_\_\_

Work and/or cell phone number: \_\_\_\_\_

Church you attend: \_\_\_\_\_

**\*\*\* Continued on the back \*\*\***

## **Emergency & Health Information**

Does your child/children have any allergies? If yes, please indicate which child and note any symptoms we should be aware of.

Emergency Contacts: Please list adults who will assume responsibility for your child if a parent can not be located (must be local).

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Family Physician:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

## **Payment Information**

The registration fee for Club 22.6 is \$15/child which includes a t-shirt and materials.

Scholarship support is available.

\_\_\_\_\_ I have included my child's registration fee with this form.\*

\_\_\_\_\_ I would like to speak to someone about financial assistance. (This information will be kept confidential.)

\*Please note, if you are registering multiple children, you can make a single payment for the total amount.

**THANK YOU!!!**