

KID'S Club

Registration and Emergency Form

Name of child _____ Birth date _____

Name of parent /guardian _____

Address _____

Phone _____

Emergency contacts:

Name / phone number: 1- _____

2 _____ 3 _____

Allergies:

Physician and phone: _____

If necessary, I give permission for my child to be transported to the hospital. (Every avenue will be taken to reach the parent or emergency contact first.)

Signature of parent or guardian _____

Additional information about your child: