

Last Name: _____

Approved/Filed By: _____

FRIDAY FUN NIGHT PARTICIPANT REGISTRATION

PARTICIPANT INFORMATION

Child's Name _____ Date of Birth ____ / ____ / ____ Grade _____ Gender _____

Child's Name _____ Date of Birth ____ / ____ / ____ Grade _____ Gender _____

Child's Name _____ Date of Birth ____ / ____ / ____ Grade _____ Gender _____

Child's Name _____ Date of Birth ____ / ____ / ____ Grade _____ Gender _____

GUARDIAN INFORMATION

Guardian's Address _____ City/State _____ Zip _____

Home Phone _____ Cell Phone _____

Guardian's Address _____ City/State _____ Zip _____

Home Phone _____ Cell Phone _____

EMERGENCY CONTACT INFORMATION

Emergency Contact's Name

Relationship to Participant

Emergency Contact's Number

Emergency Contact's Name

Relationship to Participant

Emergency Contact's Number
