

Ages 3 years thru 6th Grade  
Wednesdays from 6:30pm-7:30pm

Child's Last Initial:   
Child's Shirt Size (YS—YL, AS—XL):

## Team Kid Registration Form 2011-2012

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ (In Fall) \_\_\_\_\_ Gender:  M  F

Shirt Size: \_\_\_\_\_ Date: \_\_\_\_\_

Please List Known Allergies of each Child:

Does the child require medicine?  Y  N

*Please complete the following section only once per family. Please write other children attending on the back.*

Parent/Guardian 1: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_

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

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number 1: \_\_\_\_\_

Phone Number 2: \_\_\_\_\_

E-mail Address: 1. \_\_\_\_\_  
2. \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Emergency Contact Relation: \_\_\_\_\_

Office Use Only

Paid

Y

N

Added to Database? Y

N