

REGISTRATION FORM

PARTICIPANTS INFO

Participant #1: Name _____ Name of Program _____

Grade _____ Gender _____ T-Shirt Size _____ Date of Birth _____ Dr.s Name: _____

Medical Allergies _____

Mailing Address _____ Phone # _____

Participant #2: Name _____ Name of Program _____

Grade _____ Gender _____ T-Shirt Size _____ Date of Birth _____ Dr.s Name _____

Medical Allergies _____

Mailing Address _____ Phone # _____

Participant #3: Name _____ Name of Program _____

Grade _____ Gender _____ T-Shirt Size _____ Date of Birth _____ Dr.s Name: _____

Medical Allergies _____

Mailing Address _____ Phone # _____

PRIMARY GUARDIAN

FIRST NAME _____ LAST NAME _____

HOME ADDRESS _____

MAILING ADDRESS _____ CITY _____ ST _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ EXT _____

EMERGENCY CONTACT PHONE# _____

SECONDARY GUARDIAN (spouse)

FIRST NAME _____ LAST NAME _____

HOME ADDRESS _____

MAILING ADDRESS _____ CITY _____ ST _____ ZIP _____

HOME PHONE _____ WORK _____

PHONE _____ EXT _____

EMERGENCY CONTACT PHONE# _____

EMERGENCY CONTACT INFORMATION

NAME _____ CITY _____ ST _____ ZIP _____

PHONE # _____ RELATION TO PARTICIPANT _____

OTHER INFORMATION

INSURANCE PLAN & # _____

EMAIL _____ SECONDARY HOUSEHOLD _____

My child has my permission to participate in the Bath Recreation Department's programs listed above. I consent to having medical attention given if needed.

Parents Signature/Date _____