



Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Preferred Name of Child, if any: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Child's Address: \_\_\_\_\_  
Street Apt. #

City State Zip

Current Age: \_\_\_\_\_ Grade (for 2024-2025): \_\_\_\_\_

Name of Registering Adult: \_\_\_\_\_

Your Relationship to Child: \_\_\_\_\_

Address (if different): \_\_\_\_\_  
Street Apt. #

City State Zip

Adult Cell Number: \_\_\_\_\_ E-Mail \_\_\_\_\_

Mobile Carrier: \_\_\_\_\_

Allergies or Special Needs? If yes, please name and describe: \_\_\_\_\_

Parent/Guardian Adult Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_



**Office Only:** Class Assigned: Sparks \_\_\_\_\_ T & T \_\_\_\_\_ CCB Updated \_\_\_\_\_ Med/Photo release \_\_\_\_\_