



## Registration and Emergency Contact Information

**Please Print Clearly**

Participant's Name: \_\_\_\_\_

Date of Birth (if under 18): \_\_\_\_\_ Male/Female

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

### **Emergency Contact Information**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Are there any dietary limitations, allergies, current medications or current medical conditions you would like us to know about? Yes/No If yes please explain:

\_\_\_\_\_  
\_\_\_\_\_

**Cost of Program is \$20.00. Checks made payable to: Mt. Pleasant Baptist Church**

Office use: Paid \_\_\_\_\_ Check \_\_\_\_\_ (if applicable)