



Annual Registration Form

Last Name:			
First Name	Middle Name:		
Birth Date:			
Most current membership renewal date:			
PARENTS OR GUARDIANS			
(1) Last Name:	First Name:		
Relationship to Child:			
Address:			
City:	Postal Code:		
Home Phone:	Work Phone:		
Employer:			
(2) Last Name:	First Name:		
Relationship to Child:			
Address:			
City:	Postal Code:		
Home Phone:	Work Phone:		
Employer:			
OTHER EMERGENCY CONTACT			
Name:	Relationship to Child:		
Home Phone:	Work Phone:		
AUTHORIZATION FOR PICKUP			
<p>Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name, address and phone number of any other person/s who you authorize to pick up your child on your behalf.</p>			
Name	Address	Phone	Relationship to member
<p>A parent/guardian's written authorization for pickup must be received in person by parents/guardian before your child will be released to anyone not listed here. If not received, and we cannot notify you by phone, the child will not be released.</p>			

