

Registration Form

Melville
Huntington

Child's Last Name First Date of Birth Gender M/F

Child's Last Name First Date of Birth Gender M/F

Home Address City State Zip

Home Telephone Home Email address

Father's Name Occupation Work Telephone

Father's Cell Phone Father's Email address

Mother's Name Occupation Work Telephone

Mother's Cell Phone Mother's Email address

Emergency Name (Someone other than Parents) Relationship Telephone Number

Address Town State Zip

Emergency Name (Someone other than Parents) Relationship Telephone Number

Address Town State Zip

I agree that in case of accident or injury, emergency medical care may be given in the event I or person designated above cannot be reached.

Signature of parent(s) _____ Date _____

_____ Date _____