

REGISTRATION FORM FOR THE LEADERSHIP PROGRAM

Date _____

Participant Name _____

Date of Birth _____ Age _____ Grade _____

Parent/Guardian Name _____

Address _____

Phone (H) _____ (W) _____ (C) _____ E-mail _____

Emergency Contacts

Name, addresses and phone of persons who can assume responsibility of the child if parents cannot be reached immediately and are authorized to take the child from the program:

Name _____

Address _____

Phone (H) _____ Phone (W) _____ Phone (C) _____

Name _____

Address _____

Phone (H) _____ Phone (W) _____ Phone (C) _____

Physician to be called _____ **Phone** _____

Hospital to be called _____ **Phone** _____

Please list any major health problems, allergies, diet, medications, other: _____
