

# Registration Form

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Please complete this form before your child can participate in any activity.

Name of Student: \_\_\_\_\_

Age: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_