

ROOTS Registration

Session: _____

Child's Name	Gender	Age/Birthdate/Grade	Medical Concerns or Food Allergies
		/ /	
		/ /	
		/ /	
		/ /	

Note: List their 2007/08 grades. Children ages 3 – 6th grade are welcome to participate. 3 year old children need to be potty trained.

Parents/Guardians _____ Home Phone _____

Street Address _____ Cell Phone _____

City _____ Zip _____ Work Phone _____

E-mail Address _____

In case of an emergency and you are NOT on-site, please list who we should contact below.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

In the event you cannot be reached in a medical emergency, please provide the following:

Doctor name _____ Phone _____

Hospital preference _____

