

# **2024 Workreation Registration Form**

All information must be complete and legible.

Parent/Guardian name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Participant's name (please print), birth date (example 5/4/24), gender, and other information.

Members from the **same** family may be listed on the same form.

	Last Name	First Name	Birthdate	Gender	List any special needs allergies, etc.
1				M F	
2				M F	
3				M F	
4				M F	
5				M F	
6					

**Emergency contact information:** Please provide at least two emergency contacts other than yourself.

Contact #1: Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Phone: \_\_\_\_\_

Contact #2: Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Phone: \_\_\_\_\_

**For each participant(s):** I understand how I am expected to behave and agree to do my best to follow all guidelines. Sign below.

Participant #1: \_\_\_\_\_ Participant #2: \_\_\_\_\_

Participant #3: \_\_\_\_\_ Participant #4: \_\_\_\_\_

Participant #5: \_\_\_\_\_ Participant #6: \_\_\_\_\_