

Registration and Health Form 2008

_____ Category

Name: _____ Male ___ Female

Name of Parent(s) or Guardian: _____

Address: _____

Birthdate: _____ day _____ month _____ year Age as of December 31, 2008 _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Family Doctor: _____

Doctor's phone number: _____

Date of Last Tetanus Shot: _____

Past Medical History: _____

Allergies, Physical Disabilities: _____

Medication Taken: _____