



Please fill out and bring with you.

REGISTRATION

Child's Name: _____

Grade going into: _____ Age: _____

T-shirt size: _____ M/F: _____

Allergies: _____

Parent's Name: _____

Address: _____

City/St/Zip: _____

Phone 1: _____

Phone 2: _____

Email: _____

I, the undersigned, agree to allow my child to participate in ALL STARS SPORTS CAMP and all of its activities. I also agree in the event of a medical emergency to allow The Commons and its officers to seek medical attention for my child.

Parent/Guardian Signature: