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| For office use onlyCrew Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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 **REGISTRATION FORM**

(Please fill out for each child and send to **kids@lwac.ca**)

**Child’s name:** Click or tap here to enter text.[ ] **M** [ ] **F**

**Child’s age:** Click or tap here to enter text. **Date of birth:** Click or tap to enter a date.

**Last school grade completed:** Click or tap here to enter text.

**T-shirt size: Youth** [ ] **XS (5-7)** [ ] **S (6-8)** [ ] **M (10-12)** [ ] **L (14-16)**

**Name of parent(s):** Click or tap here to enter text.

**Street address:** Click or tap here to enter text.

**City:** Click or tap here to enter text. **Province:**Click or tap here to enter text. **Postal Code:**Click or tap here to enter text.

**E-mail:** Click or tap here to enter text.

**Home Telephone:** Click or tap here to enter text.

**Parent/ caregiver’s cellphone:** Click or tap here to enter text.

**Alternate pickup name and number:** Click or tap here to enter text.

[ ]  **My child has permission to walk home**

|  |
| --- |
| **Allergies, medical conditions, or special needs:**Click or tap here to enter text.**BCC #** Click or tap here to enter text.**In case of emergency, contact:** Click or tap here to enter text.**Phone:** Click or tap here to enter text.**Relationship to child:** Click or tap here to enter text. |

[ ]  **Photo consent (VBS day only) for children and staff only not to be posted**

[ ]  **Photo consent VBS promotional / newspaper**

[ ]  **I would like to be informed of other LWAC events**

**Parent printed name:** Click or tap here to enter text.

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 Parent signature Staff member name and Signature**