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| For office use only Crew Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Logo

Description automatically generated**

**REGISTRATION FORM**

(Please fill out for each child and send to [**kids@lwac.ca**](mailto: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**