



**July 17-21**

Lakeside Baptist Church  
www.lbckenora.ca

**Registration  
Form  
2017**

**Child #1**

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ 2016/17 School Grade: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
(Youth XS, S, M, L, XL)

Does your child have any allergies or medical conditions we should be aware of: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

**Child #2**

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ 2016/17 School Grade: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Allergies or medical conditions? \_\_\_\_\_

**Child #3**

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ 2016/17 School Grade: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Allergies or medical conditions? \_\_\_\_\_