



# Registration Form

## July 16-20, 2018

Lakeside Baptist Church  
www.lbckenora.ca

### Child #1

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

Date of Birth: \_\_\_\_\_ 2017/18 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: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

### Child #2

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

Date of Birth: \_\_\_\_\_ 2017/18 School Grade: \_\_\_\_\_

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

\_\_\_\_\_

### Child #3

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

Date of Birth: \_\_\_\_\_ 2017/18 School Grade: \_\_\_\_\_

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

\_\_\_\_\_