



CALHOUN COUNTY YMCA

Registration

CHILD'S INFORMATION

Name: _____

Date of Birth: _____ Age: _____

PARENT OR LEGAL GUARDIAN INFORMATION

Parent 1:

Name: _____ Relation to child: _____

Cell Phone: _____ Work Phone: _____

Address: _____ City: _____ Zip: _____

Email Address: _____

Parent 2:

Name: _____ Relation to child: _____

Cell Phone: _____ Work Phone: _____

Address: _____ City: _____ Zip: _____

Email Address: _____

EMERGENCY CONTACT: _____

PHONE NUMBER: _____

Please list any allergies we should be aware of:

Signature of Parent or Legal Guardian

Date