

Registration Form – Kids Night Out

(Please bring this with you when dropping off your child)

Child Name _____ Age _____

Parent Name _____ Parent Phone # _____

E-mail Address _____

Emergency Contact Name and # in the event parent can not be reached

Any Allergies or Medical Concerns _____

Doctor Name and Phone # _____

Name of Person Picking up Child(ren) at Dismissal

(For safety purposes no one under the age of 18 may pick up your child.)

Parent Signature _____ Date _____

Need additional registration sheets? Copies may be made of this, or download from our website at :

<http://www.leaguelineup.com/welcome.asp?url=fairportsoftball>

(Requested by: Paula Anderson, 421-9794, 8/11/08)