



SPLASH 2018-19 Registration Form

Child's Name _____ Gender _____

Date of Birth _____ Grade (18-19) & School _____

Street Address _____

City/State/Zip _____

Parent(s) Name(s) _____

Email Address _____ Church Member? yes no

Phone Numbers: Home _____ Work _____ Cell _____

Emergency Contact (not a parent) _____

Allergies/Special Needs _____