

## **Registration Form**

Date\_\_\_/\_\_\_

Child's Name		Grade	DOB	_//
Parent/Guardian				
Phone: Home		Emergency		
Email				
Alternate Pick-Up				
 Name	Relation	nship	Phone Number	
lame Relation		nship	Phone Number	
examination, anesthetics, med as deemed necessary for the will be the responsibility of said	to my child(ren), I hereby cons lical, dental or surgical diagnos safety and welfare of my child(r d child's parent/guardian. I her or death occurring during an A	sis or treatment and hospi en). It is understood and a eby waive all claims again	tal care from a licen agreed that the resu st South Coast Fell	sed physician ulting expenses owship, staff and
Parent(s)/Legal Guardiar	n Signature		D .	
Please List any allergies	or illnesses			
The package you are p	urchasing for your child	(ren) includes: Boo	k and a Vest (o	r Club Shirt):
Puggles (Age 2)	One Size			\$36.00
Cubbies (Pre-K)	X-Large - 8			\$36.00
Sparks's (K-2nd)	<b>□</b> 10 <b>□</b> 12 <b>□</b> 14			\$36.00
T&T (3rd - 4th)	14 - Adult Small			\$30.00
T&T Ult. (5th - 6th)	☐ Youth Small	Adult Small		\$35.00
Trek (Jr. High)	Adult Small	Adult Med		\$30.00
Registration Fee (per ch	nild)			\$10.00
Dues are \$.50 weekly o	r \$14.50 yearly			\$



## For Office Use Only

REGISTRATION	x \$10.00 = \$
PUGGLES PACKAGE	x \$36.00 = \$
CUBBIES PACKAGE	x \$36.00 = \$
SPARK'S PACKAGE	x \$36.00 = \$
T & T (3rd - 4th) PACKAGE	x \$30.00 = \$
T & T (5th - 6th) PACKAGE	x \$35.00 = \$
TREK PACKAGE	x \$30.00 = \$
YEARLY DUES	x \$14.50 = \$
HANDBOOK BAG(S)	x \$7.00 = \$
HANDBOOK ONLY	x \$10.00 = \$
SHIRT/VEST ONLY	
CUBBIES	x \$13.00 = \$
SPARKS	x \$13.00 = \$
T & T (3rd-4th)	x \$15.00 = \$
T & T (5th-6th)	x \$18.00 = \$
TREK	x \$18.00 =\$
TOTAL AMOUNT OWED	\$
AMOUNT REC'D \$CHECK #	_
RECEIVED BYDATE	_
ADDITIONAL PURCHASES/PAYMENT (OK'D BY	Y COMMANDER ONLY)
1	<u> </u>
2	<u> </u>
3	<u> </u>
4	\$
5	\$