

## 2024 Registration

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Please Print Clearly:

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Primary Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade (just completed): \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

**In case of an emergency**, we will always attempt to notify the legal guardian first, but we would also like to have another person to contact other than the parent or legal guardian in case they cannot be reached.

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

List any allergies for participant: \_\_\_\_\_

List disability and any additional information you would like us to know about the participant

(Feel Free to use back of sheet):

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Days Attending SRDC Summer Program: Mon \_\_\_\_ Tues \_\_\_\_ Wed \_\_\_\_ Thurs \_\_\_\_ Fri \_\_\_\_

Will participant need care before 9:00am or after 3:00pm? \_\_\_\_\_

SRDC has permission to use participants picture on social media and on printed materials? Yes \_\_\_\_ No \_\_\_\_