



## Shipwrecked Registration Form (Participant)

(one per child)

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ PC: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Parent e-mail address: \_\_\_\_\_

Home church: \_\_\_\_\_

**In case of emergency, contact:** \_\_\_\_\_  
Please include a name and Phone number

Relationship to child: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

Physical/Medical Limitations: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of a special friend your child might like to be with: \_\_\_\_\_

