

H2O 2010 REGISTRATION FORM
(EVERYONE MUST REGISTER)

NAME: _____ BIRTHDATE: (M/D/Y) _____

ADDRESS: _____ PHONE #: _____ CELL/WORK#: _____

CITY: _____ POSTAL CODE: _____ OHIP (HEALTH CARD) #: _____

GRADE: _____ CHURCH AFFILIATION _____ EMAIL: _____

Medical or behavioral problems, allergies or medication required: No Yes (specify on back)

I hereby give permission for the above teen to participate in all activities and to receive medical treatment if necessary. I release Temple Baptist Church and all leaders from all liability.

NAME OF PARENT(S)/GUARDIANS(S) *please print* _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE: _____

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