



KidsCore Registration

PLEASE FILL OUT ONE FORM PER PERSON

- I am a student
- I am a leader
- I am a student leader

Name _____

Parent's Name (if a student or student leader) _____

Address _____

City _____ Zip _____

Home Phone (____) _____ Parent Work Phone (____) _____

Parent Cell Phone (____) _____ Parent Email _____

Male Female Age _____ Birthday ____/____/____

Grade entering in Fall _____ T-shirt Size _____

Are there other family members involved in Breakout? If so, please list:

Emergency Contact (other than a parent) _____

Relationship _____ Phone (____) _____

Health Concerns or Allergies (please list all) _____

For Staff Use Only

Payment Received: ck# _____ Cash _____ Amount\$ _____