

## Flat Rock Summer Camp Registration

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

T-shirt Size: \_\_\_\_\_

### Medical Information

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

Number: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Paid: \_\_\_\_\_ Team: \_\_\_\_\_ Coach: \_\_\_\_\_