

# REGISTRATION FORM

FOURTH **AND** FEARLESS  
SKILLS AND DRILLS

Check one: \_\_\_ Male \_\_\_ Female

Child's Full Name (please print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

Please circle the grade child is currently in:      9      10      11      12

## MOTHER'S INFO

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

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

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

## FATHER'S INFO

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

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

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

## EMERGENCY CONTACT INFO

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

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

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

Parent/Guardian's signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

I have signed my registration waiver.

*(Note: Registration form is not complete until the waiver has been signed.)*



Arkansas  
**BlueCross BlueShield**

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