



# FAIR OAKS DOLPHINS REGISTRATION FORM



Child(ren)'s Last Name: \_\_\_\_\_

Parent's Last Name (if different than above): \_\_\_\_\_

Parents First Names: Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_

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

Street

City

Zip code

Phone: Home: \_\_\_\_\_ Parent 1 Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Home: \_\_\_\_\_ Parent 2 Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Child's First Name	Birth Date	Child's Age as of 6/15/08	F/M	Name of High School & Sport participated in 2007-2008 school year
				/
				/
				/
				/

### Emergency Information

Dentist's Name: \_\_\_\_\_ Dentist's Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Street

City

Zip Code

Preferred Hospital: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Medical Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications Child is Currently Taking: \_\_\_\_\_

Medical/Health Problems: \_\_\_\_\_

### Emergency Contact Person (In case parents cannot be reached)

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

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_