

# Lutes Mountain Church of the Nazarene

2 Briggs Cross Road  
Lutes Mountain, NB  
E1G 2X8  
506.858.8749

## **Champions Registration Form 2007-2008**

To be filled in by parent or guardian

Name of Child: \_\_\_\_\_

Grade: \_\_\_\_\_ Birth Date (month/day/year): \_\_\_\_\_

**Note:** Must at least be in Kindergarten

Parents/Guardian: \_\_\_\_\_

Brothers/Sisters: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell/work) \_\_\_\_\_

Home Church: \_\_\_\_\_

### **Emergency Information**

Medicare Number: \_\_\_\_\_

In the event of an emergency, contact:

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

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

Phone: (home) \_\_\_\_\_ (cell/work) \_\_\_\_\_

My child is fully able to participate in an active program without limitations?

Yes \_\_\_\_\_ No \_\_\_\_\_ *If No, please explain:* \_\_\_\_\_

Are there any medical conditions or allergies we should know about?

What medicine will the child have with them to treat any conditions?

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Registration paid (\$15 per child/\$40 per family): \_\_\_\_\_