

## Grow Registration Form

Name \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_

E-mail \_\_\_\_\_ Cell number \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

### Parent/Guardian Contact Details:

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

Tel # (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

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

Tel # (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

### Emergency Contact Details:

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

Tel # (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

### Medical information:

Health Care #: \_\_\_\_\_

Does your child suffer from any condition requiring medical treatment including medication?

If yes please specify \_\_\_\_\_

I \_\_\_\_\_ allow The Salvation Army to use photographs of \_\_\_\_\_ in promotional and educational materials.

I \_\_\_\_\_ hereby release The Salvation Army from all responsibility and claim for accident, sickness or other loss in association with this *Grow*.

Parent/Guardian  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_