

Trinity Youth League Registration Form 2014

Fee \$65.00

Contact: Willie Bradford @ (662)647-1766 or Lincoln (Buddy) Smith @ (662)647-4824



Name _____
Last Name First Name Middle Name

Address _____ City _____ Zip _____

Date of Birth _____ Home Telephone _____ Cell Phone _____

Parents'/Guardians' Names _____
(Father and Mother, please list both names)

My child may be picked up from the program by the following persons:

Person's Name Relationship to Child

Person's Name Relationship to Child

Person's Name Relationship to Child

Emergency Contact (Please list at least 2 contacts)

1st Contact _____ Telephone # _____

2nd Contact _____ Telephone # _____

3rd Contact _____ Telephone # _____

Is child covered by a health insurance provider? Yes No

If yes, please list provider _____

Local Personal/Family Physician _____

Know allergies to food, insects, drugs _____

Medical problems of which staff should be aware _____

Current medications _____

Parent's Signature Date