

BLAST VISITOR REGISTRATION

Today's Date: _____

Child's Name: _____
First Last

Date of Birth: _____ Age: _____ Grade _____
Month/Day/Year

Parent(s)/Guardian Name(s): _____

Address: _____
Street Apt. City Postal Code

Phone Number: Home: _____ Cell Phone: _____
For Emergencies Only

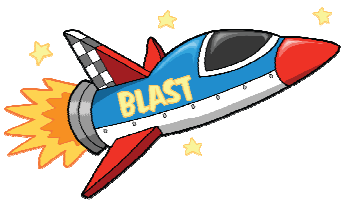
Does your child have any allergies or custody issues that we should be aware of: Yes No *If yes, please explain.*

Additional helpful information? _____

Who did your child come to BLAST with? _____

I give permission for my child to attend BLAST with _____
(Name of adult)

Parent Signature: _____



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