



Registration Form

Xplosion Dance

Child's Last Name _____ First Name _____ Nickname _____

Sex M or F Age _____ DOB _____ Grade _____

Email Address _____

Best Cell Phone # for Text Message Alerts: _____ Cell Phone Company _____

Mother's Name _____ Home # _____
Address _____ Cell # _____

Father's Name _____ Home # _____
Address _____ Cell # _____

Guardian is: Both _____ Mother _____ Father _____ other _____

Please notify us in writing of any special custody situations. Emergency Contacts (other than parents)

1. _____ Relationship: _____

Phone (Home) _____ (Cell) _____

2. _____ Relationship: _____

Phone (Home) _____ (Cell) _____

Allergies (Include RX) _____ Epi Pen Provided _____

Medications _____

Special Medical Information

Insurance Company _____ Policy Number _____

Family Doctor _____ Phone Number _____

Any other info/needs we should be aware of _____

Release Information The following below individuals including guardian(s) unless otherwise noted, and our emergency contacts have our consent to pick up our child(ren) from Cohasset Recreation Xplosion Dance.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

If someone other than those listed will be picking up our child, I/we will notify the program, either in writing or by phone. Children will not be released to unauthorized adults, including other parents of children in the Program, without written consent.

Parent/Guardian Signature Date