

# Park Community Church

3901 Wild Chaparral Dr, Shingle Springs, CA 95682; Ph: (530) 677-8281

Registration Form



Registration Form

## Cross-Trained for Christ

*Last Name*

*First Name*

*Age*

*Allergies*  
(Include food, seasonal and/or drugs)

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother: \_\_\_\_\_ Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of EMERGENCY, contact: \_\_\_\_\_

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

Names of individuals who may pick up your children: \_\_\_\_\_

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Signed: \_\_\_\_\_

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

(It is advised to check with your physician before allowing any type of physical exercise)

PLEASE READ, SIGN, AND RETURN THE MEDICAL RELEASE FORM  
WITH THIS REGISTRATION FORM.