

**CITY OF LAKE WALES PROGRAMS/SPORTS  
REGISTRATION FORM**

**Program/Sport:** \_\_\_\_\_ **Season** \_\_\_\_\_

**Participant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**School Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**EMERGENCY CONTACT & PICK UP LIST**

**1. Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**2. Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**3. Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Child's Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Preferred Hospital:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Policy#:** \_\_\_\_\_