



Children's Activity Center Registration Form

Parent Name _____
Parent Name _____

Child's Name _____ Birth date _____

Child's Name _____ Birth date _____

Child's Name _____ Birth date _____

Child's Name _____ Birth date _____

Home Information

Address: _____
(Street Number, City, State, Zip Code)

Home Phone # () _____ Cell Phone # () _____

Emergency Contacts-- *Emergency information will be used in the case of an injury or medical situation to the parent/guardian which leaves them unable to pick up their children. A photo ID must be presented to the CAC receptionist by the Emergency Contact at the time of pick-up.*

Name: _____ Name: _____

Relation: _____ Relation: _____

Phone #: () _____ Phone #: () _____

**I have received and will be responsible for all information on the "Children's Activity Center" Policy Card which is available to me in the CAC. I understand this card contains important facts and rules about HealthTrack Sports Wellness' Children's Activity Center.*

Parent Signature _____

Date _____

Parent Signature _____

Date _____

