



## **TLC REGISTRATION FORM**

<b>Name</b>	<b>Date of Birth</b>	
<b>Address</b>	<b>City</b>	<b>Zip Code</b>
<b>Home Phone Number</b>	<b>State</b>	
<b>Cell Number – Parent/Guardian</b>		
<b>E-mail – Parent/Guardian</b>	<b>E-Mail – Attendee</b>	

### ***Emergency Contact Information***

<b>Name of Emergency Contact</b>	<b>Phone Number of Emergency Contact</b>
<b>Do you have allergies?</b> Please select YES/NO	<b>If yes, please explain allergies.</b>
<b>Do you have medical conditions?</b> Please select YES/NO	<b>If yes, please explain medical issues.</b>
<b>Do you take any medications?</b> Please select YES/NO	<b>If yes, please list medications and dosage.</b>

## **Media Release**

Please select Yes or No and initial to indicate if photographs and video images **may** be used for church promotions.

## **Additional Information for Staff**

*Anxiety, Behaviors, Sensory, etc ...*

## **T-Shirt Size**

*Please select a T-shirt size from the dropdown menu*

## **Parental/Guardian Signature**

I, \_\_\_\_\_, understand that any information given is confidential and will only be shared with TLC (Totally Lauren's Crew) staff.

Parent/Guardian Signature:

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Date: