

# Register me for The Incredible Race!

## Tahoe Community Church

Child's name \_\_\_\_\_

Gender: Male \_\_\_\_ Female \_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade completed \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parents/Guardian \_\_\_\_\_ Home phone \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency contact \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Who can pick up your child? \_\_\_\_\_ What Size T-shirt \_\_\_\_\_ T-Shirt \$6 \_\_\_\_\_

Name of home church \_\_\_\_\_

Food allergies Y \_\_\_\_ N \_\_\_\_ List \_\_\_\_\_

Medical concerns Y \_\_\_\_ N \_\_\_\_ Explain \_\_\_\_\_

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