



REGISTRATION FORM 2019

(If purchased for someone else)

TICKET PURCHASER: _____
ADDRESS: _____

CONTACT NAME: _____
PHONE NUMBER: _____
EMAIL ADDRESS: _____

ATTENDEE'S NAME: _____
HOME ADDRESS: _____
EMAIL ADDRESS: _____
PHONE NUMBER: _____ CELL #: _____

AGE: 18-25 26-36 37-46 47-56 57- 64 Older

EMERGENCY CONTACT: _____
PHONE: _____ RELATION: _____
Do you have any allergies: _____ If so, what and describe adverse reaction.

Do you have any limitations, physical or otherwise, we should be aware of? Y N
If so, please give brief description:

Are you in need of Child Care? Please read: Childcare will be provided to the first 20+ children (of attendees) ages 4-14. Child must be potty trained. Children are to be only registered by their mother and will be only released to their mother upon the event's conclusion or upon mother's departure from the event. Note: We regret, we are currently not equipped to accommodate children with special needs. Yes No

Child #1 First and Last Name _____
Name Goes By: _____ Gender: Girl Boy Age: _____
Any allergies: _____ If so, what and describe adverse reaction.

Any behavior or other concerns we should be aware of? Yes No
If so, please give brief description.

Child #2 First and Last Name _____
Name Goes By: _____ Gender: Girl Boy Age: _____
Any allergies: _____ If so, what and describe adverse reaction.

Any behavior or other concerns we should be aware of? Yes No
If so, please give brief description.

Child #3 First and Last Name _____

Name Goes By: _____ Gender: Girl Boy Age: _____

Any allergies: _____ If so, what and describe adverse reaction.

Any behavior or other concerns we should be aware of? Yes No

If so, please give brief description.

Medication

If any medication needs to be administered to your child, that will be the responsibility of the parent/mother. Administering medication will NOT be conducted by volunteers or anyone affiliated with SMEC, Inc.

Yes No I have read and agree to guidelines and understand that SMEC, INC has the right if a child threatens to harm another individual, verbally or physically, to remove child from childcare, release child to his or her mother, and will be asked to depart from event.

Please note: Electronic signature is the equivalent of your manual signature on this SMEC Registration Form.

Attendee/Mother's Signature: _____

Registration/Completion Date: _____

Office Use: Date Received: _____

Action Taken: