

REGISTRATION



Parent's Name/s: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # _____ Emergency# _____

Email: _____

Church: _____

There is a \$20.00 suggested donation for Journey registration.

First Name	Last Name	Grade	Birthday	Allergies

Medical Release: In the event of an emergency, I give Journey staff permission to take my child to the closest emergency facility if I cannot be reasonably reached.

(signature of parent or legal guardian)

(date)