

**2008**  
**REGISTRATION FORM**  
**CHALLENGER DIVISION**

**APPLICANTS NAME**

**BIRTH DATE**

**ADDRESS:**

**CITY:**

**STATE:**

**ZIP CODE:**

**HOME PHONE: (     )     (     )     (     )**

**WORK PHONE: (     )     (     )     (     )**

**EMERGENCY NO. (     )     (     )     (     )**

**MOTHER NAME:**

**OCCUPATION: \_\_\_\_\_**

**FATHERS NAME:**

**OCCUPATION: \_\_\_\_\_**

**MEDICAL INFORMATION**

**DOCTORS NAME:**

**TELEPHONE:     (     )     (     )     (     )**

**E-MAIL**

**MEDICATION INFORMATION**

WHAT MEDICATION, IF ANY, WILL NEED TO BE ON HAND DURING THE TIME OF PARTICIPATION?

EMERGENCY PROCEDURES REQUIRED, IF ANY:

DOES THE APPLICANT HAVE ANY SPECIAL NEEDS THAT WILL REQUIRE ATTENTION DURING THE COURSE OF PARTICIPATION?

DESCRIBE:

INFORMATION YOU FEEL IS IMPORTANT TO THE WELL BEING OF THE PARTICIPANT.

Describe:

NOTE: A medical Release Form should be provided authorizing treatment of your child should you not be present and the need arise!

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PANT SIZE: \_\_\_\_\_ Child  Youth  Adult

SHIRT SIZE: \_\_\_\_\_ Child  Youth  Adult

Questions: Contact Beverly Newsome; (425) 483-9753

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