

C.H.A.N.T Family Registration Today's Date ____/____/____

For Office Use: \$30.00 Annual Family Registration Fee
Paid: Check # _____ Cash ___ OnLine PayPal _____

Child's First Name (Give last name if different from parents)	DOB (mm/dd/yy)	Sex (M/F)	Current Age	Allergies/Special Medical Conditions
_____	____/____/____	____	_____	_____
_____	____/____/____	____	_____	_____
_____	____/____/____	____	_____	_____
_____	____/____/____	____	_____	_____
_____	____/____/____	____	_____	_____
_____	____/____/____	____	_____	_____
_____	____/____/____	____	_____	_____
_____	____/____/____	____	_____	_____

Dad/Step-Dad Name (F) _____ (L) _____ DOB ____/____/____

Mom/Step-Mom Name (F) _____ (L) _____ DOB ____/____/____

OR Guardian Name (F) _____ (L) _____ DOB ____/____/____

Home Phone # _____ Mom's Cell # _____ Dad's Cell # _____

Address _____ Apt. # _____

City _____ ST. _____ County _____ Zip _____

Emails Mom: _____ Dad: _____

Children's Email (Optional, for CHANT updates, trainings, clinics, or schedule/game details and/or changes):

Child's Name (F) _____ Email _____

Child's Name (F) _____ Email _____

Child's Name (F) _____ Email _____

Child's Name (F) _____ Email _____

Child's Name (F) _____ Email _____

Child's Name (F) _____ Email _____

Child's Name (F) _____ Email _____

Child's Name (F) _____ Email _____

Please list any additional children or medical information on the back of this form (include above information also).