

Trinity Mennonite Church

RR1 Site 17 Box 21, DeWinton, AB T0L 0X0

Registration for Children / Youth

Applicant Information

Child Name: _____ Birth Date: _____
Last First M.I.

Parent 1 Name: _____
Last First M.I.

Parent 1 Address: _____
Street Address Apartment/Unit #

Parent 1 Phones: _____ E-mail Address: _____
City Prov. Postal Code
H ()
C ()

Parent 2 Name: _____
Last First M.I.

Parent 2 Address: _____
Street Address Apartment/Unit #

Parent 2 Phones: _____ E-mail Address: _____
City Prov. Postal Code
H ()
C ()

Emergency and Medical Information

AHC Number: _____

Blood Type: _____

Current Medications: _____

Known Medical Conditions: _____

Known Allergies: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Parent 1 Name: _____ Parent 1 Signature: _____ Date: _____

Parent 2 Name: _____ Parent 2 Signature: _____ Date: _____