



COMET KIDS' CLUB REGISTRATION FORM

Student's Name:	Date of Birth:
Address:	Phone:
Current School:	Current Grade:

If emergency treatment is required can school authorities use their judgement in sending your child to the nearest hospital or doctor?

YES	NO
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Parent/Guardian's Signature Required:

Please List any allergies, medications or physical impairments:

Please list individuals authorized to pick up the child listed on this form: Photo ID or other form of ID required.

Name:	Relationship:	Phone: # 1	Phone: # 2