



Trailblazers Registration Form

Sponsored by Faith Apostolic Church - www.faupc.ca

First Name: _____ Middle: _____ Last: _____

Date of Birth: _____ - _____ - _____ Male / Female
Month Day Year

Address: _____

City: _____ Prov: _____ Postal Code: _____ - _____

Allergies: _____

Parent/Guardian Information *(provide address if different from above)*

First Name: _____ Last: _____

Home #: _____ Cell #: _____

E-Mail: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____ - _____

Alternate Emergency Contact Information

First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Home #: _____	Home #: _____
Cell #: _____	Cell #: _____
Relationship: _____	Relationship: _____
Pick child up from meeting: Yes / No	Pick child up from meeting: Yes / No

Do you consent to your child's image being used for the Promotional Purposes of Trailblazers?

This would include, but not limited to: club website, Facebook, and mailings.

Yes / No

Parent/Guardian Signature: _____

Date: _____