

Edge Registration- grades 5-8 \$30.00

1. **Child's Name:** _____
(first) (middle) (last)

Grade: _____ Medications or medical concerns: _____

Email _____ Cell: _____ Tshirt Size: _____

2. **Child's Name:** _____
(first) (middle) (last)

Grade: _____ Medications or medical concerns: _____

Email _____ Cell: _____ Tshirt Size: _____

3. **Child's Name:** _____
(first) (middle) (last)

Grade: _____ Medications or medical concerns: _____

Email _____ Cell: _____ Tshirt Size: _____

Parent/ Guardian Information

1. Name: _____ Email: _____

Daytime Evening / Weekend Cell
Phone: _____ Phone: _____ Phone: _____

2. **Emergency Contact:** _____ Relationship: _____

Daytime Evening / Weekend Cell
Phone: _____ Phone: _____ Phone: _____