

PLUG YOUTH REGISTRATION FORM

Child Information

First name: _____

Last name: _____

Phone number: _____

Cell Number: _____

Email: _____

Date of Birth: _____

Allergies:

Parent/Guardian information

First name: _____

Last name: _____

Phone number: _____

Cell Number: _____

Email: _____

First name: _____

Last name: _____

Phone number: _____

Cell Number: _____

Email: _____

Emergency contact: _____

Would you like to be added to the parent/guardian WhatsApp Group
(circle one: yes / no)

Please email form to: wecampbell1985@gmail.com