

Obstacle Kids Registration Information:

| Name: | | Nickname: | |
|------------------------------------|-----------|-----------|--|
| Date of birth: | | | |
| Parent Info: | | | |
| Name: | | _ | |
| Address: | | _ | |
| Phone Number: | | _ _ | |
| Child's Hobbies: | | | |
| | | | |
| Child's Fears: | | | |
| | | | |
| Allergies: | | | |
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| Medical Information we should know | ow about: | | |
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| How did you hear about our Kids I | Program? | | |

