

**Registration Form:**

Participant's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Parent/Caregiver Name : \_\_\_\_\_

Contact Number and Email \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_

Contact number and relation: \_\_\_\_\_

Medication (**We do not administer medication.**) \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Likes:

Dislikes:

Special needs (please check all that apply):

- Physical Assistance
  - If Yes, please explain:
- Ambulation
  - If Yes, please explain:
- Communication preference
  - If Yes, please explain:
- Behaviours
  - If Yes, please explain:
- Other
  - Please provide additional information:

Is there anything else that we should know or that you would like to share:

