

Royal Registration 2022-23

Please fill out if you have children from 0-12th grade

Please complete one form per boy and print legibly

Parent's Names _____

Address _____

City _____ Zip code _____ Phone _____

Emergency Contact Name/Number _____

E-mail _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

Is there anyone that SHOULD NOT have contact with your child(ren) (i.e.: non-custodial parent, etc.)?

I grant permission for my child's photo to be publications/social media/ website. Please check one.

- Yes, with full name**
- Yes, with first name only**
- No**

Child's name _____

Child's Age _____, Grade _____, Birthday _____, Allergies/Special Needs _____

What school: _____

Child's T-Shirt Size Youth Adult Small Med Large XL XXL

(Please choose youth or adult and size)

Please provide any additional Non- Medical information you would like us to know about your boy below ..Medical information will be completed on the next page.