



# Registration Form

Please print clearly.  
Missing information will delay  
your registration.

**Save Time - Register online at [BloomingtonParks.org](http://BloomingtonParks.org)!**

## Family Members

FIRST & LAST NAME	GENDER	BIRTHDATE
ALLERGIES/MEDICATIONS:		
FIRST & LAST NAME	GENDER	BIRTHDATE
ALLERGIES/MEDICATIONS:		
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ALLERGIES/MEDICATIONS:		
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ALLERGIES/MEDICATIONS:		
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ALLERGIES/MEDICATIONS:		
FIRST & LAST NAME	GENDER	BIRTHDATE
ALLERGIES/MEDICATIONS:		
FIRST & LAST NAME	GENDER	BIRTHDATE
ALLERGIES/MEDICATIONS:		

## Household Information

Check here if you have registered in the last year and all information is correct. Otherwise please fill in information below.

Address, City, State, Zip \_\_\_\_\_

*(Please list Apt. #)*

Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Emergency contact \_\_\_\_\_

(Please list someone other than family members above.)

**Flip over to continue registration.**

