



Today's Date: \_\_\_\_\_

Fall 2023 Registration Form  
Please print clearly. Missing information  
will delay your registration.

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

## Adult Account Contact

FIRST & LAST NAME	GENDER	BIRTHDATE
ALLERGIES/MEDICATIONS:		

## Additional Family Members

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

