

**JACKRABBIT REGISTRATION
2018/2019**



JACKRABBIT INFORMATION:

Name: _____ Date of Birth: _____

Age: _____ City: _____

Address: _____

Postal Code: _____

Sask Health Number: _____

Health Issues (allergies, medications, conditions, etc):

PARENT CONTACTS:

Name: _____

Address: _____

Postal Code: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-Mail: _____

EMERGENCY ALTERNATE CONTACT:

Name: _____ Relationship: _____

Address: _____

Postal Code: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____