



Participant Registration & Permission Form

Each Lemonade Alley participant must complete this form.

Team Name: _____

Please select one grade division: Gr K-4 Gr 5-8 Gr 9-12

Charity 501(c)3: _____

Participant Information	
<i>Full Name</i>	<i>Phone Number () -</i>
<i>Date of Birth (mm/dd/yy)</i>	
<i>Any Special Needs/Circumstances</i>	
<i>Racial Categories (select all that apply)</i>	<i>Ethnic Categories (select one)</i>
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic/Latino
2017-2018 SCHOOL INFORMATION	
<i>School Name</i>	<i>Current Grade</i>
PARENT/GUARDIAN INFORMATION	
<i>Parent/Guardian Name</i>	<i>Email/Phone</i>
<i>Address (Street, City, Zip code)</i>	
EMERGENCY CONTACT	
<i>Full Name:</i>	
<i>Phone Number: () -</i>	
<i>Relationship to child</i>	



Parental/Guardian Permission Form

Check this box and sign below if you have read and understand the contest rules for Lemonade Alley 2018.

I give _____ my permission to participate in Lemonade Alley 2018. I also give him/her to receive emergency medical treatment.

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____ Date: _____