

Registration for **Waves of Wonder**
June 12-14
6:00 to 8:30 pm

Participants Name_____

Age_____ Birthday_____ Grade_____

Address_____

Parent(s) or Guardian (s)

Primary Phone(s)_____

AlternativePhone(s)_____

Emergency Contact_____

Phone_____

I give permission for you to use my child's picture in promotional materials

Medical Conditions or Allergies that we Should be Aware of

St. Andrew's by the Sea
1022 N Yturria St., P.O. Box 1168
Port Isabel, TX 78578
956-943-1962