



The CHILD Project Registration/Consent Form

First Name _____ Middle Initial ____

Last Name _____

Street Address: _____

City/Town _____ State ____ Zip _____

Home Phone: (____) ____ - ____ Alternate/Emergency Phone: (____) ____ - ____

Email Address (optional): _____

Gender (M/F) ____

Date of Birth (i.e., 07/12/1995): ____/____/____

Height (i.e., 4'5"): ____' ____"

Weight: _____ lbs.

Hair Color (Circle One):

Bald-Black-Blonde-Brown-Gray-Red-Sandy-White-Unknown-Blue-Green-Orange-Pink-Purple

Eye Color (Circle One):

Black-Blue-Brown-Gray-Green-Hazel-Maroon-Multicolored-Pink-Unknown

Physical Characteristics (optional): _____

*Entering information regarding characteristics such as scars and birthmarks is recommended.

Other Parent/Guardian Name _____

Enrollment Expiration Age: _____

*The enrollment expiration age is the age at which all records for an enrollee will be expunged from the CHILD Project database.

I hereby Authorize the enrollment of my child into the CHILD Project database.

Signature _____ Date: _____

Please note: All fields are required except where noted as optional.