



FIRST® LEGO® League Jr. Registration Form

Participant Name	Date of Birth	Grade
Address	City	Zip Code
Parent Name	Email	
Home Phone	Cell Phone	Work Phone
Emergency Contact	Relationship	Phone
Special Notes (i.e. allergies, special needs, other things we may need to know):		

Museum Membership: Yes No

Payment Method: Credit Card Cash Check

Total amount: \$ _____

Parent Name (please print)	Date
Parent Signature	
Museum Staff	Date Received

If you need to cancel a registration, please contact the Museum as soon as possible. Refunds may not be given to those who do not contact the Museum prior to the first practice. The Children's Museum of Southern Minnesota reserves the right to cancel any program. Full refunds will be given if a cancellation occurs.