

'Wilderness Escape' Registration Form

Complete and return by Friday July 4th

Please complete the family information and complete the Child's Information section for each Child participating.

FAMILY INFORMATION:

Parent (Guardian's) Names _____
Street Address _____
City & Zip _____
Home Phone _____
Mom's Cell phone _____
Dad's Cell phone _____
Email _____

In the event of an emergency, if you are unable to reach me, Please contact the following:

Name _____ phone _____
Doctor _____ Phone _____

Restrictions on who picks up my/our child/children:

PERMISSION SLIP

FOR EMERGENCY MEDICAL TREATMENT

I give permission for the volunteer's of Sacred Heart of OB Fun & Faith to obtain emergency medical treatment for my child/children. This release is effective July 21-25, 2014.

Child's/Children's Names:

Signature of Parent/Guardian

Date

PLEASE READ: The information you provide about each Child will ensure their health, safety and welfare at Fun & Faith. Please answer the questions below and provide us with needed information so your child can have the best possible experience at Fun & Faith.

First Child's Information:

Child's Name _____ M_ F_
Grade (2013-2014) _____ Birth Date _____
Health Problems/Allergies (including food & insect allergies & their Reactions): _____

If your child has severe food allergies please provide their snack each day.

Any activities your child CANNOT participate in _____

\$50. Enclosed _____

Second Child's Information:

Child's Name _____ M_ F_
Grade (2013-2014) _____ Birth Date _____
Health Problems/Allergies (including food & insect allergies & their Reactions): _____

If your child has severe food allergies please provide their snack each day.

Any activities your child CANNOT participate in _____

\$50. Enclosed _____

Copy and complete more if needed.

Thank you.

Fun & Faith Team