

# Summer Stretch Registration - 2019

Participant's Name \_\_\_\_\_  
Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Current Grade('19-'20 School year) \_\_\_\_  
Parent/Guardian's Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Parent's E-Mail Address \_\_\_\_\_  
T-shirt Size (circle one, adult sizes) S M L XL XXL  
Days I am **able** to participate (circle) 8/6 8/8 8/13 8/15

## PARENTAL/GUARDIAN CONSENT FORM SUMMER STRETCH August 2019

I, \_\_\_\_\_, grant permission for \_\_\_\_\_,  
Parent or Guardian Child's Name

To participate in the above activities, I warrant that my child is in good health.

I understand that my child will be participating in service and recreational activities on the Our Saviour's Lutheran Church as well as the scheduled off-campus sites. I understand that transportation to and from these sites will be both adult volunteers

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers, contact the individual(s) I have indicated below.

### MEDICAL INFORMATION:

Medication my child is taking at present \_\_\_\_\_

Medication conditions, physical limitations, or special dietary needs \_\_\_\_\_  
\_\_\_\_\_

Allergies \_\_\_\_\_ Date of Last Tetanus Shot \_\_\_\_\_

Secondary Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician/Medical Group \_\_\_\_\_ Insurance Provider \_\_\_\_\_

As a parent/guardian, I have read and agreed to all of the above stated considerations and conditions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

