

PARADISE RECREATION AND PARK DISTRICT

Discovery Club Information

Child's Name _____ School _____

Teacher _____ E-mail _____

Child's Birthdate _____ Grade, as of this date _____ Age _____ Sex _____

Address _____

Street _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone # _____

Parent/Guardian Name _____ Address & Phone, if different from child: _____

Street _____ City _____ State _____ Zip _____ Phone # _____

Parent/Guardian Name _____ Address & Phone, if different from child: _____

Street _____ City _____ State _____ Zip _____ Phone # _____

Parent/Guardian business address _____ Bus. Phone # _____

Parent/Guardian business address _____ Bus. Phone # _____

Additional names in case of emergency _____ Phone # _____

Your child is allowed to go home _____ Phone # _____

with these people. _____ Phone # _____

_____ Phone # _____

II. Physician to be called in emergency:

Name _____ Phone # _____

Address _____

III. Allergies or other medical information _____

IV. Other information about your child _____

My son/daughter _____ has my permission to take part in:

_____ all activities in his/her age group

_____ I prefer that my son/daughter participate in all activities except: _____

(specify activities)

Signature: _____ Date: _____
(parent/guardian)