



NAME OF EVENT/FUNCTION						
EVENT DAY/DATE:						
PARTICIPANT INFO						
NAME:				HOME PHONE:		
EMAIL:				CELL PHONE:		
ADDRESS:			CITY:	STATE:		ZIP:
SCHOOL:				GRADE:		
T-SHIRT SIZE:						
<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL						
GUARDIAN'S INFO						
NAME:			EMAIL:			
WORK PHONE:			CELL PHONE:			
HEALTH INFORMATION						
ALLERGIES:						
IF YES, EXPLAIN:						
TAKING MEDICATION:						
IF YES, EXPLAIN:						
FAMILY DOCTOR:			PHONE:			
2016 MEDICAL RELEASE ON FILE?	<input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO OR UNSURE, PLEASE COMPLETE THE ATTACHED MEDICAL RELEASE AND RETURN IT WITH THIS PERMISSION SLIP.			
Permission/Release Acknowledgement:						
<p>I hereby acknowledge and release my permission for my child to attend the event for which this form is intended. I understand that I am responsible for my child's conduct during this activity. I understand that I will be assessed reasonable charges for damages to property caused by my child and agree to pay for such damages. Should it be necessary for my child to return home due to medical reasons, misconduct or otherwise, I agree to pick my student up or pay all transportation costs associated with such travel.</p>						
Signature:						
Date:						

