



Olympion Registration Form



Registration Form

1) Name _____ Age _____ Grade completed _____ Birthdate _____
 2) Name _____ Age _____ Grade completed _____ Birthdate _____
 3) Name _____ Age _____ Grade completed _____ Birthdate _____

Mailing Address _____ City/State/Zip _____

Email Address _____

Regularly attend church? _____ Where? _____

Parent(s)/Guardian(s) _____ Phone (hm) _____ Phone (wk) _____

Emergency contact other than parent _____ Phone Number _____



Medical Release

Doctor's Name _____ Phone _____

Child's Name	Known Conditions	Allergies	Add'l Info.
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In case of a medical emergency*, I hereby give my permission to the physician selected by the Summer Seaquest Director(s) to secure proper treatment and/or hospitalization for child(ren), _____

Signature of parent or legal guardian _____ Date _____

**The Summer Seaquest Director(s) will make every attempt to reach the parent/legal guardian listed, or the emergency contact given on your registration form.*

Return Completed form to spayne@wpcc4him.org