UPWARD BOUND REGISTRATION FORM

1) Name _____ Age _____ Grade completed _____ Birthdate _____

2) Name _____ Age _____ Grade completed _____ Birthdate _____

3) Name _____ Age _____ Grade completed _____ Birthdate _____

Email address _____

Mailing Address _____ City/State/Zip _____

Regularly attend church? _____ Where? _____

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

Emergency Contact (other than parent) _____ Emer. Phone _____

Parent's Signature _____ Invited by _____

MEDICAL RELEASE

Doctor's Name _____ Phone _____

Child's Name	Known Conditions	Allergies	Add'l Info

In case of a medical emergency*, I hereby give my permission to the physician selected by the Upward Bound Director(s) to secure proper treatment and/or hospitalization for my child(ren). _____

Signature of parent or legal guardian _____ Date _____

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

Please email completed forms to spayne@wpcc4him.org