

# 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.**