



INLET YOUTH COMMISSION SUMMER PROGRAMS

Child's Name _____

RETURN TO:

INLET YOUTH COMMISSION

INSTRUCTOR _____

Name _____ Birth Date _____ Sex _____ Age _____
Last First MI

Parent or Guardian _____ Email _____ Phone _____
Include Area Code

Home Address _____
Number & Street City State Zip

If not available in an emergency notify:

1. _____ Phone _____
Name Include Area Code

_____ City State Zip
Number & Street

or 2. _____ Phone _____
Name Include Area Code

_____ City State Zip
Number & Street

Please list any allergies/medical conditions: _____

Any specific activities to be encouraged? _____

Any specific activities to be restricted? _____

Suggestions from parents: _____

PARENT'S AUTHORIZATION: This information is correct and the person herein described has permission to engage in the enrolled activities, except as noted by me, _____.

In the event I can not be reached in an EMERGENCY I hereby give permission to the physician selected by the Inlet Youth Commission to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Signature _____ Date _____

Date _____

Year _____