

Child's Name \_\_\_\_\_

Date \_\_\_\_\_

Year \_\_\_\_\_

# INLET YOUTH COMMISSION SPRING PROGRAM



## 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 \_\_\_\_\_