

# The Firs Adventure Program (Special Events) Registration Form



Child's Last Name	First Name	Age	Sex	Birth Date
Home Phone	Cell Phone	E-mail Address		
Billing Address	Apt.#	City	State	Zip Code
Mother/Guardian's Name	Occupation	Place of Business	Business Phone/ext.	
Father/Guardian's Name	Occupation	Place of Business	Business Phone/ext.	
With whom does the child reside?				
Child's School	Grade in School	School Phone#		

ATTENDANCE SCHEDULE	<i>Check the days your child will attend</i>				
Date(s) of Event(s)	Monday	Tuesday	Wednesday	Thursday	Friday

<b>EMERGENCY INFORMATION</b>	<i>(List two people, other than parents, to be reached in case of emergency)</i>
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Name	Day Phone
Relationship	Evening Phone

Name	Day Phone
Relationship	Evening Phone

Doctor's Name	Phone Number
Dentist Name	Phone Number

**List any allergies, medical concerns, or any other special instructions:**

**Please read and circle:**

- I give *The Firs* Adventure Program permission to use photographs of my child for display/program purposes. yes   no
- I give *The Firs* Adventure Program permission to transport my child from school in a licensed van and on field trips (walking or by van) for program purposes. yes   no
- I give my child permission to participate in The Firs Climbing Center yes   no
- My child needs a booster/car seat when transported ( must be age 6 or older and at least 60 pounds to be exempt) yes   no

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_