

Summer Challenge 2016 – June 5th – 12th

Panama City Beach, FL

Name _____ Date of Birth _____
Address _____ City _____ Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____ E-mail _____
T-Shirt size _____

In case of emergency, please give the names of two people to contact:

1. Name _____
Address _____ City _____ Zip _____
Home Phone _____ Work Phone _____
2. Name _____
Address _____ City _____ Zip _____
Home Phone _____ Work Phone _____

Please list all medications prescribed for you by a doctor. (attach a separate sheet, if necessary)

Please, describe any physical limitations you may have

My Son/Daughter _____ has my permission to participate

in the trip/activity to Summer Challenge 2016 – Panama City Beach, FL

On **June 5th – 12, 2016**

If any medical treatment is necessary on this trip, I give my permission for the adult in charge to have my child treated in my absence. I can be reached

at _____
Parents Cell Phone

My insurance company is _____,

Policy# _____ . Group #

PARENTS/GUARDIAN SIGNATURE

DATE