

DRSFA YOUTH OUTDOOR ADVENTURES REGISTRATION FORM
LOCATION: BLUE MOUNTAIN FISH & GAME ASSOCIATION JUNE 17, 2017

**IN ORDER TO BE REGISTERED: THIS FORM MUST BE FILLED OUT,
PRINTED THEN MAILED TO:
DAVID CARL 28 PRIMROSE LANE JIM THORPE, PA 18229**

FIRST CHILD'S NAME _____

AGE _____ BIRTHDATE ____/____/____ T-SHIRT SIZE (YOUTH SIZES) ____M ____L
(ADULT) ____S

ADDRESS _____

EMAIL ADDRESS: _____

PHONE NUMBER _(____)_____ CELL PHONE NUMBER _(____)_____

EMERGENCY TELEPHONE NUMBER _(____)_____

CONTACT PERSON: _____ RELATIONSHIP TO CHILD: _____

____ **IF POSSIBLE**, WHAT FRIEND DOES YOUR CHILD WANT IN HIS GROUP? _____

SECOND CHILD'S NAME _____

AGE _____ BIRTHDATE ____/____/____ T-SHIRT SIZE (YOUTH SIZES) ____M ____L
(ADULT) ____S

ADDRESS _____

PHONE NUMBER _(____)_____ CELL PHONE NUMBER _(____)_____

EMERGENCY TELEPHONE NUMBER _(____)_____

CONTACT PERSON: _____ RELATIONSHIP TO CHILD: _____

____ **IF POSSIBLE**, WHAT FRIEND DOES YOUR CHILD WANT IN HIS GROUP? _____

____ **YES, I AM INTERESTED IN VOLUNTEERING TO BE A GROUP LEADER.**

WAIVER FORM: THIS PORTION MUST BE FILLED OUT COMPLETELY!

I, _____, AS GUARDIAN / PARENT (circle one)
of the above mentioned child(ren), am releasing all personnel and organizations of any responsibilities
and liabilities during this program.

Does above mentioned child(ren) have any known medical conditions or allergies?

If so, please be specific:

NAME _____ YES NO (circle one)

NAME _____ YES NO (circle one)

Do you release your child's image to be used on our website or other media presentations? Y or N

Parent/Guardian Signature _____ Date ____/____/____

THIS FORM MUST BE RETURNED BEFORE STUDENTS ARE OFFICIALLY REGISTERED!