

DRSFA YOUTH OUTDOOR ADVENTURES REGISTRATION FORM  
LOCATION: BLUE MOUNTAIN FISH & GAME ASSOCIATION JUNE 16, 2018

**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!**