

Registration Form Jump Start 2013

Choice of sessions(choose one):

Session 1 (8/ 12 /2013) Monday _____ Session 2 (8/ 13 /2013)Tuesday_____

STUDENT NAME_____

PARENT/GUARDIAN'S NAME_____

HOME PHONE_____WORK PHONE_____

Allergies/illnesses/Medications:_____

Does your child have any physical limitations that will prevent him/her from walking, climbing stairs, etc? If so please describe_____

PARENT/GUARDIAN RELEASE

I understand that the school discipline policies will be enforced during activities. On rare occasions, an emergency requiring medical attention may develop. I understand that every effort will be made to contact parents/guardians of the participant. In the event that I cannot be reached, I hereby give permission for the Jump Start program staff to secure proper treatment for my child. I give permission for my child to take part in the Jump Start program's publicity activities, which may include interviews, and/or photographs.

Parent/Guardian Signature