



# Registration Form 2011-2012 (one per family) \$45/child, \$100/family

Program Pmt \$ \_\_\_\_\_

Cash/Check # \_\_\_\_\_

Entered in Database \_\_\_\_\_  
(For Office Use Only)

WOW Volunteer \_\_\_\_\_

## Family Information

Parent(s) Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mom Cell: \_\_\_\_\_ Dad Cell: \_\_\_\_\_

Home Phone: \_\_\_\_\_

In case of emergency contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**(This will be our primary method of communication on updates & happenings in the program)**

## Children Attending

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Shirt Sz \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Shirt Sz \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Shirt Sz \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Shirt Sz \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Shirt Sz \_\_\_\_\_

For shirt sizes, please specify Youth (Y) or Adult (A) and S, M, L or XL

WOW check-in begins at 6:20p with the program starting promptly at 6:30p. Our program ends at 8:00p with snack time. Please make sure to pick up your kids no later than 8:15p.

If you are willing to volunteer on Wednesday nights, the program rate is reduced by half. If interested please contact Sherry Alsop at 303-870-3289.

**Please Complete Reverse Side** →

*Child/Children do not have any allergies.*

## Allergy Information Sheet

Childs Name \_\_\_\_\_ Allergy: \_\_\_\_\_

**Food Allergies: \*\*Note: Please provide an appropriate snack for your child on Wednesday nights**

\_\_\_\_\_ Intolerance \_\_\_\_\_ Moderate \_\_\_\_\_ Severe

\_\_\_\_\_ Intolerance \_\_\_\_\_ Moderate \_\_\_\_\_ Severe

**Other Allergies**

\_\_\_\_\_ Intolerance \_\_\_\_\_ Moderate \_\_\_\_\_ Severe

\_\_\_\_\_ Intolerance \_\_\_\_\_ Moderate \_\_\_\_\_ Severe

**Action Plan Needed:** \_\_\_\_\_

\_\_\_\_\_

Childs Name \_\_\_\_\_ Allergy: \_\_\_\_\_

**Food Allergies: \*\*Note: Please provide an appropriate snack for your child on Wednesday nights**

\_\_\_\_\_ Intolerance \_\_\_\_\_ Moderate \_\_\_\_\_ Severe

\_\_\_\_\_ Intolerance \_\_\_\_\_ Moderate \_\_\_\_\_ Severe

**Other Allergies**

\_\_\_\_\_ Intolerance \_\_\_\_\_ Moderate \_\_\_\_\_ Severe

\_\_\_\_\_ Intolerance \_\_\_\_\_ Moderate \_\_\_\_\_ Severe

**Action Plan Needed:** \_\_\_\_\_

\_\_\_\_\_

### **Medical Release:**

In the event of an emergency, I understand that a reasonable effort will be made to contact me. If I cannot be reached, I hereby authorize a representative of The Rock of Southwest to act on my behalf to seek emergency medical care or treatment for my child. I further give my permission to any physician or other qualified medical personnel to administer any and all emergency medical care, which they deem necessary. If I cannot be reached, I give my permission for any advisable medical services provided, and agree to accept liability for payment of those services.

### **Video/Photo Release:**

The Rock of Southwest may, at its discretion, take photographs or videotape of participants at events. The resulting images may be used for two purposes: to promote the event or a similar event in the future and/or to archive the event for historical purposes. By signing below, you give The Rock your explicit permission to use potential images taken of your child for these purposes. By signing, you give permission for your child's photo and/or video to be used in The Rock publications, websites, and other media.

**Parent's signature below indicates Policies & Release have been read & agreed to.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_