

LAST INITIAL

SITE: (circle one)

ERIE

CRAWFORD

# Building Connections

## LEGO SOCIAL CLUB

Sponsored by Auto Racers for Kids

Office Use:

GF/CF

ALLERGY

### REGISTRATION & MEDICAL RELEASE FORM

(Please Print)

Child's Last Name: \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Verbal Ability: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell #(\_\_\_\_) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell #(\_\_\_\_) \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_

Current Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Emergency Contact Name/Number: \_\_\_\_\_

(if we cannot reach you) (\_\_\_\_) \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Allergy/Medical/Behavior/Illness/Medication Information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

It is understood that parents/guardians, or their agents will be called upon to give additional authorization if advanced treatments are necessary.

In the event that the parent/guardian or their agent is not present, I hereby authorize Autism Society NWPA, or anyone they may designate to authorize treatment for my son/daughter \_\_\_\_\_ for injuries or illness he/she may incur while participating in activities at Autism Society NWPA.

**(Back of form must be signed)**

