

SOS: Summer of Service

STUDENT REGISTRATION

June 17- 22, 2019

Parent/Guardian Name (First) (Last)	Home Phone	Cell Phone	
Street Address	City	State	Zip
Parent Guardian Email			

Insurance Company – Primary		Subscriber Birthdate
Policy #	Group #	Subscriber's Relationship to Child(ren) listed below.

Child #1 Name (First and Last)	Birthdate	Grade completed (circle) 6 th 7 th 8 th 9 th 10 th 11 th 12 th	Circle: Male or Female
Allergies/Food Allergies	Medical Conditions	Current Medications	

Child #2 Name (First and Last)	Birthdate	Grade completed (circle) 6 th 7 th 8 th 9 th 10 th 11 th 12 th	Circle: Male or Female
Allergies/Food Allergies	Medical Conditions	Current Medications	

Child #3 Name (First and Last)	Birthdate	Grade completed (circle) 6 th 7 th 8 th 9 th 10 th 11 th 12 th	Circle: Male or Female
Allergies/Food Allergies	Medical Conditions	Current Medications	

PLEASE CHECK ONE:

- ☐ I give permission for pictures or videos of my child taken during this event to be used for publications, presentations, and website use
- ☐ I do not give permission for pictures or videos of my child taken during this event to be used for publications, presentations, and website use

Parent or Guardian signature _____ Date _____

Parent or Guardian signature _____ Date _____