

# Special Needs Kids Day Out

JUNE 19, 2019

8:30-4:00

## Registration Form

Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Circle one: Youth or Adult

Special Considerations/Adaptations needed: (i.e. walker, wheelchair, sign language)

\_\_\_\_\_

Medications: \_\_\_\_\_

Will medications be needed during the day? YES or NO

MEDICATIONS NEED TO BE IN ORIGINAL CONTAINER!

Seizures - YES or NO

If yes are there any warning signs to indicate upcoming seizure?

\_\_\_\_\_

Allergies – Yes or NO

If yes, what are they?

\_\_\_\_\_

Person to notify in case of an emergency:

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_

I realize that the staff from the Kids Day Out event will make every effort to contact me should my child be injured or become ill. However, if I cannot be reached during an emergency situation, I grant the Event Nurse permission to seek emergency and/or medical care from a doctor, and if necessary, from a hospital. I realize that the Mercersburg Sportsman Association and/or the event coordinators cannot be held responsible or obligated for the cost involved.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Cost for the day: \$30.00 per participant

Make check payable to Mercersburg Sportsman Association

Mail to: P.O. Box 33

Mercersburg, PA 17236

ATTN: Kaye Hamilton

**SPACE IS LIMITED! SIGN UP TODAY!**

