

9th-12th Graders at Applebees

Where: Applebees- Miller Place
Date: Thursday 15, 2012

Please fill out all information requested below (one per youth):

Registration/Emergency Medical Information

Participant Information:

Name: _____

Please list any medical conditions, injuries, or allergies:

In Case of Emergency Contact:

Name: _____ Phone: _____

Medical Release: In the event of an emergency, I authorize the administration of any first aid, transport, examination, diagnosis, and/or treatment that is deemed necessary by Mt. Sinai Congregational, UCC Church or any paramedic, nurse, physician, or dentist.

Participant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

9th-12th Graders at Applebees

Where: Applebees
Date: Thursday 16, 2012

Please fill out all information requested below (one per youth):

Registration/Emergency Medical Information

Participant Information:

Name: _____

Please list any medical conditions, injuries, or allergies:

In Case of Emergency Contact:

Name: _____ Phone: _____

Medical Release: In the event of an emergency, I authorize the administration of any first aid, transport, examination, diagnosis, and/or treatment that is deemed necessary by Mt. Sinai Congregational, UCC Church or any paramedic, nurse, physician, or dentist.

Participant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____