Owl Brook Hunter Education Center
Participant Registration Form

Activity week: (circle all that apply): 1 2 3 4 5

Age Group: (circle one) 10-12 yr 12-15 yr 13-15 yr

Parent/Guardian's Name: _____

Address: _____

Town: _____ State: _____Zip: _____

Phone Number: (___) _____-_____

Participants Date of Birth: _____Age: _____

Parent or Guardian Approval:

_____ (Please print Childs name) has my approval to participate in the activities offered by the Owl Brook Hunter Education Center.

Signature of parent or guardian: _____Date: _____

Emergency Contact: (Must be someone who may be reached while participant is at the center.)

Contact #1: Name: _____ Relation to participant: _____

Phone Number(s): Home: (___) _____-_____ Work: (___) _____-_____Cell_____

Contact #2: Name: _____ Relation to participant: _____

Phone Number(s): Home: (___) _____-_____ Work: (___) _____-_____ Cell_____

Medical History: (Please list any medical history of concern, use back of sheet if needed)

Known Allergies: _____

Currently taking any medications the staff should know about? If yes please explain: _____
_____

Other Concerns: _____

Family Doctor's Name: _____Doctor's Phone Number: (___) _____-___

The staff at the Owl Brook Hunter Education Center is not authorized to dispense medication to your child. The staff is trained in basic first aid and CPR, by signing this agreement you authorize the staff to administer first aid or CPR in the unlikely event it is needed.