BRIGHAM CITY RECREATION
REGISTRATION FORM FOR

AWESOME ADVENTURES

(youth ages 6-13)

Participant's Name:_____
Address:_____
Age_____ Birth Date: _____ School Name & grade:_____ M/F _____
Home Phone: _____ Parent's Cell #:_____ Parent's Work # _____
Email Address: _____
Parent/Guardian's Name: _____
Allergies or medical conditions (please list): _____
Recreation Personnel will **not** be able to dispense medications of **any** kind
Emergency Contact: Name_____ Phone_____

Brigham City Recreation does not provide any insurance for participants. It is recommended that participants have coverage of their own, prior to registration.

_____ (Initial) **Consent for Medical Treatment:** I, on behalf of my child, hereby consent to emergency medical or hospital care that may be rendered by a physician or hospital. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependant.

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