

SUMMER SEAQUEST

Registration Form

	Child's Name	Age	Grade Completed	Birthdate
1				
2				
3				
4				

Address _____ City/State/Zip _____

Email Address _____

Regularly attend church? (Yes)/(No) Where? _____

Parent(s)/Gardian(s) _____

Phone(home) _____ Cell _____

Invited by _____

Emergency Contact (other than parent) _____

Emer. Phone _____

Parent Signature _____

Medical Release

Doctor's Name _____ Phone _____

Child's Name	Known Conditions	Allergies	Additional Information

In case of a medical emergency*, I hereby give my permission to the physician selected by the Summer Seaquest Director(s) to secure proper treatment and/or hospitalization for my child(ren), _____

Signature of parent or legal guardian _____ Date _____

**The Summer Seaquest Director(s) will make every attempt to reach the parent/legal guardian listed, or the emergency contact given on your registration form.*

Office Use only

Team Color _____ Crew _____ Crew Leader _____ Voyage _____