The Pittsburgh Project…2009-2010 Student Registration Form

Please Print Neatly

Name _____ Gender **M** **F**

T-shirt size (please circle one): *womens*- s m l xl *mens*- s m l xl xxl xxxl

Church/Group _____ Leader _____

Have you or a member from your family attended a service camp at The Pittsburgh Project? **YES** **NO**

Home Phone ( )_____ cell ( )_____ Date of Birth ____/____/____

Home Address_____

City/State _____ ZIP _____ Current Age _____

Your Email Address _____

Grade Completed: 6 7 8 9 10 11 12

Contact Information

Circle **Mr./Mrs./Ms./Mr.&Mrs.** Parents'/Guardians' Full name(s)_____

_____

Phone (day) _____ (evening) _____

In case parents/guardians cannot be reached, please call _____

at phone (day) _____ (evening) _____

Parents' Email Address _____

Medical Information

Insurance Carrier _____ Policy Number _____

Ins. Carrier's Phone Number _____ Primary Care Physician _____

Primary Care Physician's Phone Number _____

Current medications_____

Date of last tetanus shot _____

My child may be administered basic analgesic (Tylenol, Advil) if needed? **YES** **NO**

Allergies (Drug, food, etc.) /Special Medical Needs _____

_____

Release from Liability

I hereby release The Pittsburgh Project, its staff and members of the board of directors, from any liability for injury that my child may sustain during The Project's activities. In case of illness or injury, and in the event I am unable to respond, I authorize Project staff to allow emergency medical treatment or surgery by a licensed physician or hospital.

Parent/Guardian Signature _____

Date _____