

# TREECLIMBERS

# DADS & SONS – Grades 1<sup>st</sup> & 2<sup>nd</sup>

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Father/Legal Guardian: \_\_\_\_\_ Mother/Legal Guardian: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Grade in the fall of 2011: \_\_\_\_\_

If Dad not available, brought & picked up by \_\_\_\_\_

Need a T-Shirt?             Yes             No            Circle Size            10-12            14-16

Adult's T-Shirt Size, Optional (Circle one):    L            XL            XXL (Additional \$2)

Name of Father participating in Program with son \_\_\_\_\_

**PLEASE NOTE:** Dads will need to attend for their son to participate. If there is not a Dad in the home or there are extenuating circumstances that would prevent Dad from attending, we will seek to have a Dad substitute for your son. Please inform us at the time of registration of your special circumstances.

Name of Church you regularly attend \_\_\_\_\_

Alternate Contact/Relationship: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

*Authorization for treatment: I hereby give permission to the medical personnel selected by GBC to order X-rays, routine tests and treatment; to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by GBC to secure and administer treatment, including hospitalization, ambulance transport and paramedics for the person named above. I hereby agree to fully pay all cost of medical or dental care incurred by GBC or their agent for the child under this authorization. Pictures may be taken during the event for church use. This form, when completed, may be photocopied.*

Special Instructions: \_\_\_\_\_  
(Asthma, allergies, physical limitations, custody concerns, food allergies, etc.)

Parent/Legal Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please Do Not Write In This Box**

Registration Date \_\_\_\_\_

Registration Amount    \$35



\$ 35.00

T-Shirts            \$15

\$ \_\_\_\_\_

Optional Adult T-Shirt    \$15 (Size XXL add \$2)

\$ \_\_\_\_\_

Total Amount Paid

\$ \_\_\_\_\_

Cash \_\_\_\_\_    Check # \_\_\_\_\_

Balance Remaining    \$ \_\_\_\_\_