

No. _____

Fighting Chance Program
Registration Form

Name _____ Birth date ___/___/___ M___ F___

School _____ Grade _____

Address _____ City _____

Home Phone _____

Mother's Information

Name _____

Father's Information

Name _____

Work/Cell # _____

Work/Cell # _____

Email Address _____

In case of an Emergency, please list an additional contact if we are unable to reach you:

Name _____ Relationship _____ Phone _____

Family Doctor _____ Phone _____

Hospital Preference _____

Please list any allergies or health problems (bee stings, food & animal allergies, asthma, special needs, etc.) of which we should be aware. Also, list any medications your child may be taking. If none, please indicate with "NONE" or "N/A"

Notice: This is a VERY physical, active class in several sessions!

The undersigned gives permission for his/her child to participate in the Lemont Safety Village program and releases the directors and volunteers of Lemont Safety Village and Lemont Junior Woman's Club from any liability whatsoever for any injury to person or loss or damage to property sustained by the students, the undersigned, or any member of their family.

I hereby give my consent to Lemont Safety Village and the Lemont Junior Woman's Club for my child to:

1. Have pictures taken, for class or publicity purposes (Names will not be released without consent)
2. If the need arises for first aid, the Lemont Safety Village to seek Fire Department assistance and transportation to an area hospital's emergency room for treatment.

Parent/Guardian Signature _____ **Date** _____