

No.

Fighting Chance Program
Registration Form

Name _____ Birthdate _____
School _____ Grade _____
Address _____ City _____
Home Phone _____

Mother's Information

Father's Information

Name _____ Name _____
Work/Cell # _____ Work/Cell # _____

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 for my child to:

1. Have pictures taken, for class or publicity purposes (Names will NOT be released)
2. If the need arises for first aid, for Lemont Safety Village to seek Fire Department assistance and transportation to an area hospital's emergency room for treatment.

Parent/Guardian Signature _____ **Date** _____