

## PARTICIPANT & PARENT INFORMATION

*(Please Print Legibly)*

### PARTICIPANT INFORMATION

SCHOOL \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade as of 2016-2017 school year \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/ST \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT/MAIN CONTACT PHONE \_\_\_\_\_

ALTERNATE CONTACT \_\_\_\_\_

**We will provide a light snack *and if your child has a food or drink allergy please indicate below:***

**EXPLAIN:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PARENT/LEGAL GUARDIAN INFORMATION

**(THE FOLLOWING INFORMATION WILL BE USED TO CONTACT YOU AND IN EMERGENCY SITUATIONS)**

\_\_\_\_\_  
MOTHER'S NAME (LAST, FIRST) CELL PHONE EMAIL ADDRESS

\_\_\_\_\_  
FATHER'S NAME (LAST, FIRST) CELL PHONE EMAIL ADDRESS

BY SIGNING BELOW YOU (PARENT/GUARDIAN) OF THE ABOVE MENTIONED PARTICIPANT AGREE AND ACCEPT RESPONSIBILITY FOR ALL FEES/DUES, IF ANY, OWED TO FIT-N-WISE THROUGH ANY OF THE CHILDREN'S PROGRAMS. THERE WILL BE NO REFUNDS.

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE SIGNED

**PICKUP INFORMATION:** PLEASE LIST ANYONE WHO YOU GIVE PERMISSION TO PICK UP YOUR CHILD.  
**(They may be required to show their driver's license each time).**

**NAME:** **RELATIONSHIP TO CHILD:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_