

# REGISTRATION FORM

## RBC Friday-Night Challengers Program

---

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parent's/Guardian's Full Name: \_\_\_\_\_

PHONE - Home: \_\_\_\_\_ Emergency: \_\_\_\_\_

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

Birthdate (yy/mm/dd): \_\_\_\_\_ Age: \_\_\_\_\_

**Medical Conditions:**

Please specify: \_\_\_\_\_

Does your child take any regular medication? If so, please specify: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

**MEDICAL AUTHORIZATION:** I hereby authorize the volunteers of the *Challengers* program to make any and all decisions regarding the emergency treatment of my child/ward, as required, until such time as I or another member of the family arrives on site. Date (yyyy-mm-dd): \_\_\_\_\_

---

Signature of Parent/Guardian

Printed Name of Parent/Guardian

# REGISTRATION FORM

## RBC Friday-Night Challengers Program

---

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parent's/Guardian's Full Name: \_\_\_\_\_

PHONE - Home: \_\_\_\_\_ Emergency: \_\_\_\_\_

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

Birthdate (yy/mm/dd): \_\_\_\_\_ Age: \_\_\_\_\_

**Medical Conditions:**

Please specify: \_\_\_\_\_

Does your child take any regular medication? If so, please specify: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

**MEDICAL AUTHORIZATION:** I hereby authorize the volunteers of the *Challengers* program to make any and all decisions regarding the emergency treatment of my child/ward, as required, until such time as I or another member of the family arrives on site. Date (yyyy-mm-dd): \_\_\_\_\_

---

Signature of Parent/Guardian

Printed Name of Parent/Guardian