

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

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