

# WHIRLING THUNDER WELLNESS PROGRAM

## Participant Activity Form



Name of Activity: \_\_\_\_\_

\_\_\_\_\_

Last Name	First Name	MI	DOB: (mm/d/y)	Age
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\_\_\_\_\_

School	Grade
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\_\_\_\_\_

Parent/Guardian (Please Print)	Phone
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\_\_\_\_\_

Address	City	State	Zip Code
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\_\_\_\_\_

E-Mail Address (Optional)

By Signing you are authorizing your permission for you or your child to participate in the listed activity. You have the right to obtain a copy of this form at any time upon your request. You also have the right to withdraw your child from this activity at any-time, please offer requests in writing.

\_\_\_\_\_

Parent/Guardian Signature	Date
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\*\*\*\*\*Emergency Contact Information\*\*\*\*\*

Please provide names and phone numbers of persons we may contact should you be unavailable during an emergency

1) \_\_\_\_\_

Name	Home Phone	Work Phone	Cell Phone
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\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

_____	_____	_____	_____
HEIGHT	WEIGHT	Time of Activity	Duration(Hours)

Completed By: \_\_\_\_\_

Staff Name	Date
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