

Special Event Participant Registration Form

Date of Event: _____ Event: _____

First & Last Name: _____

Birthdate: ___/___/_____ Grade: _____ Phone # _____

Mailing Address: _____

EMERGENCY CONTACT INFORMATION:

Parent or Guardian Name: _____

Contact Phone #: _____

Alt Contact Name & Number in case of Emergency: _____

MEDICAL INFORMATION: *(have any needed medications in original package or prescription packaging and bring in a Ziploc bag with child's name on it)*

Medication Name & Dosage if needed during event: _____

Special Medical Needs: _____

Allergies – Food or other: _____

By my signature on this form, I understand and acknowledge that I will not hold The Master's Workshop Camp and/or Staff liable in the case of any accidents or injuries that occur while the above named is participating in the event activities while on the property of The Master's Workshop Camp on this date. I give permission for any pictures or photos taken during the event to be used by the camp for posting to the internet and in promotional information about this and future events.

Parent or Legal Guardian Signature: _____

(if participant is under 18 years of age)