

**Special Event Participant Registration Form**

Date of Event: \_\_\_\_\_ Event: \_\_\_\_\_

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

Birthdate: \_\_\_/\_\_\_/\_\_\_\_\_ Grade: \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

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

**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)

Revised 2018