

# WHIRLING THUNDER WELLNESS PROGRAM

## Participant Activity Form



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

\_\_\_\_\_

|           |            |    |               |     |
|-----------|------------|----|---------------|-----|
| Last Name | First Name | MI | DOB: (mm/d/y) | Age |
|-----------|------------|----|---------------|-----|

\_\_\_\_\_

|        |       |
|--------|-------|
| School | Grade |
|--------|-------|

\_\_\_\_\_

|                                |       |
|--------------------------------|-------|
| Parent/Guardian (Please Print) | Phone |
|--------------------------------|-------|

\_\_\_\_\_

|         |      |       |          |
|---------|------|-------|----------|
| Address | City | State | Zip Code |
|---------|------|-------|----------|

\_\_\_\_\_

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 |
|---------------------------|------|

\*\*\*\*\*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 |
|------|------------|------------|------------|

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

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

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

|            |      |
|------------|------|
| Staff Name | Date |
|------------|------|