



Registration

Due by August 12th

Parent/Participant information:

Parent 1: Name: _____ Cell: _____

E-mail _____ Dietary Restriction: _____

Parent 2: Name: _____ Cell : _____

Email: _____ Dietary Restrictions _____

Address: _____

Home phone:(_____) _____ - _____

Child Information:

Child 1: Last name: _____ First name: _____

Date of birth: ____/____/____ Age: _____

Physician/ Med. Care Provider: _____ Phone: _____

Any health/allergy/ dietary alerts: _____

Medications: _____

Other Special considerations in emergency situation: _____

Child 2: Last name: _____ First name: _____

Date of birth: ____/____/____ Age: _____

Physician/ Med. Care Provider: _____ Phone: _____

Any health/allergy/ dietary alerts: _____

Medications: _____

Other Special considerations in emergency situation: _____

Child 3: Last name: _____ First name: _____

Date of birth: ____/____/____ Age: _____

Physician/ Med. Care Provider: _____ Phone: _____

Any health/allergy/ dietary alerts: _____

Medications: _____

Other Special considerations in emergency situation: _____

Please add any additional children on a separate sheet of paper.

Emergency Contact in case parents cannot be immediately contacted:

Name: _____ Relationship: _____

Phone: _____

Parent/ Guardian permission/ Medical Release:

(List Children Attending)

I/ We give permission for (1) _____ (age: _____)

(2) _____ (age: _____)

(3) _____ (age: _____)

(4) _____ (age: _____)

to attend child care activities during the "POLO Family Retreat" events. In the case of illness or injury during the event, I give my permission for those in charge to administer first aid. I also consent to any medical treatment and care, and the administration of any prescription drugs or medicine to my child upon the advice and under supervision of duly licensed medical personnel.

All children placed in childcare must have a parent/ guardian participating in the POLO Family Retreat. Children will only be released to the parent/ guardian who originally signed them into SCPC care.

Parents signature: _____ Date: _____

Cost:

\$165 per family cabin, sleeping 4 and a pack & play if needed. For families exceeding this size other sleeping arrangements can be made at additional cost.

Please make checks out to "State College Presbyterian Church" with "POLO retreat" in the memo line. All payments and registrations can be turned into the office.