Olympion REGISTRATION

Please fill this out and mail it to the address on the front of this flyer! THANKS!

	Age	_ Birthdate	Grade completed
Name			Grade completed
Address:		City/State/Zip	
Email Address			
Parent(s) Guardian:		Phone #'s	
Emergency Contact (other	r than parent)		Phone
MEDICAL RELEASE:			
Doctor's Name		Phone	
Child's name	Known Conditions	Allergies	Additional Info
In case of a medical emer	gency! I hereby give my		vsician selected by the Olympion
Director(s) to secure prop	per treatment and/or ho	spitalization for child(1611).
Director(s) to secure prop			·
Signature of Parent or leg *Directors will make every a	gal guardian ettempt to reach the paren Olympio	ts/legal guardian listed, o	Date or the emergency contact.
Signature of Parent or leg *Directors will make every a Please Name	gal guardian Ittempt to reach the paren Olympio fill this out and mail it to to	ts/legal guardian listed, on REGISTRATION he address on the front o	DateDr the emergency contact. of this flyer! THANKS! Grade completed
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Signature of Parent or leg *Directors will make every a Please Name Name Address: Email Address Regularly attend church? Parent(s) Guardian: Emergency Contact (other	Olympio fill this out and mail it to the same service of the parent of t	ts/legal guardian listed, on REGISTRATION he address on the front of t	Date

^{*}Directors will make every attempt to reach the parents/legal guardian listed, or the emergency contact.