

Olympion REGISTRATION

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

Name _____ Age _____ Birthdate _____ Grade completed _____

Name _____ Age _____ Birthdate _____ Grade completed _____

Address: _____ City/State/Zip _____

Email Address _____

Regularly attend church? _____ Where? _____

Parent(s) Guardian: _____ Phone #'s _____

Emergency Contact (other than parent) _____ Phone _____

MEDICAL RELEASE:

Doctor's Name _____ Phone _____

Child's name	Known Conditions	Allergies	Additional Info
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In case of a medical emergency! I hereby give my permission to the physician selected by the Olympion Director(s) to secure proper treatment and/or hospitalization for child(ren).

Signature of Parent or legal guardian _____ Date _____

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

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