



Spring Training 2010 Registration

Child's Name _____ Child's Age _____ Grade Level _____

Parent's Name(s) _____

Address: _____

Home Phone: _____ Parent's Work Phone: _____

Parent's Cell Phone: _____ Other Phone: _____

Emergency Contact Name and Number (other than parent):

Does your child have any food allergies? YES NO

If yes, please list: _____

May we transport your child to/from a field trip? YES NO

May images of your child be used in VOICE promotional materials?

YES NO

Does your child have permission to be picked up by someone besides the parent who has signed below?

YES NO Who? _____

Are there any special need or medical conditions that we should be informed of?

By signing below, I give my permission for my child to attend Spring Training and transported to and from activities associated with Spring Training. By signing, I further agree to release and hold harmless VOICE, Inc. and all their representatives from any and all liability and claims as a result of my child's participation in any of the activities of Spring Training.

Parent Signature

Date