

The Pittsburgh Project...2007 Student Registration Form

Name _____ Gender M F
T-shirt size (please circle one): *Youth:* m *Adult:* s m l xl xxl xxxl
Church/Group _____ Leader _____
Have you or a member from your family attended a service camp at The Pittsburgh Project?
(Please circle) YES NO
Home Phone () _____ cell () _____ Date of Birth _____
Your Address _____
City/State _____ ZIP _____ Current Age _____
Your Email Address _____
Grade Completed: 6 7 8 9 10 11 12

Contact Information

Parents'/Guardians' Full name(s) _____
Phone (day) _____ (evening) _____
In case parents/guardians cannot be reached, please call _____
at phone (day) _____ (evening) _____
Parents' Email Address _____

Medical Information

Insurance Carrier _____ Policy Number _____
Ins. Carrier's Phone Number _____ Primary Care Physician _____
Primary Care Physician's Phone Number _____
Current medications _____
Date of last tetanus shot _____
My child may be administered basic analgesic (Tylenol, Advil,) if needed Yes No
Allergies (Drug, food, etc.) /Special Medical Needs _____

Release from Liability

I hereby release The Pittsburgh Project, its staff and members of the board of directors, from any liability for injury that my child may sustain during The Project's activities. In case of illness or injury, and in the event I am unable to respond, I authorize Project staff to allow emergency medical treatment or surgery by a licensed physician or hospital.

Parent / Guardian Signature _____
Date _____