

**WHS ROV CLUB**  
**ROV CAMP - PARENTS NIGHT OUT**  
**Ages Kindergarten and Up**  
**FRIDAY, JANUARY 25, 2019**  
**6:00-10:00 p.m.**

**REGISTRATION and PARENT/GUARDIAN PERMISSION FORM**

Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Parent/Guardian(s) name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please provide an emergency contact in case we cannot reach you (please note, I.D. will be required at time of pick up)

NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Student Health Alert**

In case of a serious medical emergency, 911 will be called to evaluate your child.

List any medical conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Life Threatening Condition: Yes No (e.g. severe bee / food allergies, severe asthma, severe seizures, diabetes, etc.)

List all allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of physician: \_\_\_\_\_

Physician phone number: \_\_\_\_\_

My signature below indicates my child is hereby granted permission to participate in ROV camp.

Parent / Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_