

Field Training

Name (FIRST, LAST)		Grade 2007-2008
Birthday (Month/Day/Year)	School	
T-shirt Size (check one)		
<input type="checkbox"/> Child Medium <input type="checkbox"/> Child Large <input type="checkbox"/> Child X-Large <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large		
Home Address	City	Zip Code
Email Address	Home Telephone Number	
Mom	Dad	
Mom's Cellphone Number	Dad's Cellphone Number	
Mom's Email Address	Dad's Email Address	
Emergency Contact	Emergency Contact	
Family Physician's Name and Telephone Number	Insurance Provider	
Medical Information or Allergies		
<i>In the event of a medical emergency I authorize the person or persons in charge of leadership at The Church of the Epiphany to obtain medical assistance and treatment for my son in my behalf.</i>		
_____ Parent's Signature		_____ Date
Is there anything you or your son would like us to know?		

please PRINT clearly