

## **Hands Extended Fishing Program Registration Form**

### **Hands Extended Fishing Program (510) 845-3161**

One form Per Child. Please Print Clearly - Incomplete or Illegible Forms Will be Returned Unprocessed.

Enrollment Form is all 3 pages plus essay. All pages must be completed with signatures.

**CRITICAL CONTACTS: PARENT(S) LEGAL GUARDIAN/EMERGENCY CONTACT**

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_  
Last First mm/dd/yyyy

Address \_\_\_\_\_

School \_\_\_\_\_ Entering Grade \_\_\_\_\_ Age \_\_\_\_\_

Sex: \_\_\_\_\_ Female \_\_\_\_\_ Male

Does the Participant have any medical conditions or disabilities? \_\_\_\_\_ Yes \_\_\_\_\_ No.

If yes, please describe \_\_\_\_\_  
(E.g. ABHD, Bee Stings, Food Allergies, Asthma, taken Medication)

Child's Doctor's Name: \_\_\_\_\_ Doctor's Phone( ) \_\_\_\_\_

Medical Insurance Information \_\_\_\_\_  
Company Policy# Exp Date

Child's T-Shirt size (Circle One): Youth Sizes YS YM YL Adult Sizes AS AM AL

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**CRITICAL CONTACTS: PARENT(S) LEGAL GUARDIAN/EMERGENCY CONTACT**

Parent/Guardian #1 \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Last First Day Phone Evening Phone

\_\_\_\_\_ Yes Send me vital program information via Email. Email Address: \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_  
Last First Day Phone Evening Phone

\_\_\_\_\_ Yes Send me vital program information via Email. Email Address: \_\_\_\_\_

Local Emergency Contact \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Different than #1 & #2 Last First Day Phone Evening Phone

**CHECK-IN/OUT OPTIONS:**

\_\_\_\_\_ **ON-YOUR-OWN:** Provide own transportation to and from event : I will drop and pickup child.

\_\_\_\_\_ **SIGN-OUT:** My child should be kept at camp in the designated check-out area until an authorized person meets him/her to sign out the child. List additional authorized sign out people below.

Subsequent additions and deletions to this list must be made in writing. Print Clearly.

\_\_\_\_\_ Last First Last First

\_\_\_\_\_ Check if I want **PHOTO IDENTIFICATION** checked daily for the person signing out my child (must be on sign-out list).

Indicate name here if there is anyone your child should **NEVER** be released to:

\_\_\_\_\_ Last First

**HOW DID YOU HEAR ABOUT US?**

How did you hear about our programs? (circle all that apply): brochure friend/referral flyer

Other (describe) \_\_\_\_\_

\_\_\_\_ I want to help Hands Extended and would like to donate \$ 25 \_\_\_\_ \$ 50 \_\_\_\_ \$ 100 \_\_\_\_

\_\_\_\_ Other. All donations are tax deductible.

Any special diets \_\_\_\_\_

\_\_\_\_\_

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**OFFICE USE ONLY**

Signed Release Agreement on file:

Confirmation letter sent/faxed \_\_\_\_\_  
Date Copies made \_\_\_\_\_

Date: \_\_\_\_\_ Receptionist \_\_\_\_\_

Acceptance Letter on File: \_\_\_\_\_ Copies made \_\_\_\_\_

Date: \_\_\_\_\_ Receptionist \_\_\_\_\_

Invitations sent out : Date: \_\_\_\_\_ Receptionist \_\_\_\_\_