



FX3 Registration Form - 2017 / 2018

Name of child _____ M _____ F _____

Date of Birth _____ Grade in School _____

Street Address _____

Parent or Guardian Email Address _____

City / Zip _____ Phone _____

Known Allergies (including food) _____

Type of Reaction _____

Does child carry an Epi Pen? Yes _____ No _____ Does child carry an inhaler? Yes _____ No _____

What else would you like us to know about your child? _____

Emergency Contact Information

Parent/Guardian Name _____

Address (if different from child's) _____

City / Zip _____

Home Phone _____ Cell or Pager _____

Who should we call, if necessary, if we can't reach you? _____

Relationship to child _____ Phone _____

Photos will be used freely on our social media sites. If you do not want your photo posted, please make every attempt to remove yourself from the scene about to be photographed. Photos of children and youth under the age of 18 will be posted. If you want your child excluded from photos, you must sign below to exclude and we encourage you to discuss this with your child prior to the event. Photos of children or youth under the age of 18 will not be captioned with full names. If any picture of you that you find objectionable appears on a GSLC site, please notify the Media Coordinator and it will be taken off the site(s) as quickly as possible

I wish my child to be excluded from photos _____

(Name / Relationship to Child)

Please return this form to Karen Epstein at your earliest convenience.