

The Pittsburgh Project...2020 Student Registration Form

Please Print Neatly

Name: _____ Gender: _____

T-shirt size (please circle one): *youth-* L *womens-* s m l xl *mens-* 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? **YES NO** Home Phone () - cell () - Date of Birth / /

Home Address: _____

Your Email Address: _____@_____

Grade Completed: 6 7 8 9 10 11 12

Current Age:

Contact Information

Circle **Mr. / Mrs. / Ms. / Mr. & Mrs.** Parents'/Guardians' Full Name(s) _____

Phone (day) _____ (evening) _____

In case parents/guardians cannot be reached, please call

_____ at phone (day) _____ (evening) _____

Parents' Email Address _____

Would you be interested in being added to The Pittsburgh Project mailing list? YES NO

Medical Information

Insurance Carrier Policy Number _____ **Note: Attach a copy (front & back) of your insurance card** 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 / /