



Fun Friday Registration Form

Contact: Kirk - 914-481-7415 | Fax: 914-478-0332

Email: Goalprogram@live.com | Website: www.mygoalprogram.com

PLEASE COMPLETE ONE FORM PER CHILD. A PHYSICAL EXAM IS REQUIRED FOR ALL PARTICIPANTS EVERY YEAR

Class Choice _____

Participant's Name _____ Age _____ Date of birth _____

Address _____

City _____ State _____ Zip _____

Parent/Legal Guardian's Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

EmailAddress _____

IN CASE OF EMERGENCY

Contact # 1

Name _____

Address _____

Home # _____

Cell # _____ Work # _____

Contact # 2

Name _____

Address _____

Home # _____

Cell # _____ Work # _____

Participant's Allergies:

Participant's Medical Conditions:

MEDICATIONS CANNOT BE GIVEN TO ANY CHILD BY THE GOAL PROGRAM.

Name of Participant's Physician

Physician's Telephone

WAIVER OF LIABILITY RELEASE FORM

I am aware of the nature of this activity and I hereby assume responsibility for

_____ (Participant's Name)

to participate and to be photographed for publicity purposes. I will not hold the Goal Program and/or its employees responsible in the case of accident or injury as a result of this participation. I understand that this completed form must be in the possession of the Goal Program prior to participation in this program.

Parent/Legal Guardian Signature _____ **Date** _____

FOR OFFICE USE ONLY

Amount Paid _____ () M.O. () Cash () Check # _____ Receipt \$ _____ Received by _____ Date _____