

Last Name: _____ First Name: _____ MI: _____

Street: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Emergency Phone (Different from Home): (____) _____ - _____

Date of Birth: ____/____/____ Age: ____ Grade 2022-23: _____

List of adults responsible or allowed to pick up student from class and relationship to student.

Adult 1. _____ relationship _____

Adult 2. _____ relationship _____



Health Care and Assumption of Responsibility :

Medical Coverage: _____ Policy#: _____

Primary Care Doctor: _____ Phone#: (____) _____ - _____

Does student have any medical/health-related situations? (Please describe any conditions or issues that we should be aware of, for example: seizures, diabetic condition, allergic to bee stings, allergies, *special needs child, *disabilities, *behavior issues,

*food allergies, etc.) No Yes (circle one)

If yes, please explain: _____

*Please list any medications student is taking

Medication: _____

Reason for Medication: _____

Medication: _____

Reason for Medication: _____

In signing this form, I understand that the information will be used only in case of a medical emergency and to disclose to Texas Lumberjaxe staff anything that may affect my child's health, participation in Axe Throwing Camp activities, or behavior while attending. I understand that Texas Lumberjaxe does not carry any medical insurance for Texas Lumberjaxe Axe Throwing Camp program participants. In allowing my child to participate in this program, I recognize my responsibility, through appropriate insurance or otherwise, to cover all medically-related expenses if such circumstance should arise. I understand that in case of a medical emergency, Texas Lumberjaxe staff will contact me through one of the phone numbers previously given. In the event that I (parent/guardian) or the other emergency contact cannot be reached at the numbers listed, I grant permission to Texas Lumberjaxe to arrange for transportation to a hospital and for medical services to be rendered. I understand and agree that not disclosing relevant information regarding any known behavior or health issues will be grounds for the child's immediate dismissal from the program without a refund.

In the event of an emergency, please list an alternate emergency contact/pick up person that can pick up your child:

Name: _____ Daytime Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

I grant permission for Texas Lumberjaxe to photograph my child during the Axe Throwing Camp and to use these photos to promote Texas Lumberjaxe activities and programs.

Parent/Guardian Signature: _____ Date: _____