

Global Opportunities Unlimited Registration Form

Name: _____ **Age:** _____ **Date:** _____ **Veteran Y/N:** _____

Interested in Activity: _____ **Disability:** _____

(wheelchair basketball, archery, fishing, camping, trail riding, wildlife viewing, other(please describe))

Participant

First _____ Middle _____ Last _____ Gender: Male ___ Female ___
Birth date ____/____/____ Age ____
Street Address _____
Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip code _____ Home Phone _____ Daytime phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____
Child lives with: _____
Person responsible for payment _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____
Primary Physician _____
Address _____
Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is participant being treated for an injury or sickness, or taking any form of medication for any reason?

Yes ___ No ___ If yes, explain: _____

Is participant allergic to any type of food or medication?

Yes ___ No ___ If yes, explain: _____

Does participant require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my me or my child is injured or becomes ill.

Participant's/Parent's/Guardian's Initials _____

I understand that Global Opportunities Unlimited or Affiliates will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility.

Participant's/Parent's/Guardian's Initials _____