

PARRHESIA CAMP REGISTRATION

August 15-17, 2022

10 am-2:30 pm Sunset Community Church, Renton WA

parrhesiaspeechclub@gmail.com

EMERGENCY CONTACT (Parent information)	
I can be reached at the following phone number during camp:	
Parent name	Parent name
Phone number(s)	Phone number(s)
EMERGENCY CONTACT (non-parent information)	
Name	Relationship to student
Home #	Cell #
Physician	Office #
INSURANCE INFORMATION	
Insurance Company:	Subscriber
Group #:	Member I.D.
1. STUDENT AND ALLERGY INFORMATION	Birthdate & Age
Student Name:	
Food/medication allergies:	
Describe student's reaction:	
How should this reaction be handled? (Attach plan)	
2 STUDENT AND ALLERGY INFORMATION	Birthdate & Age
Student Name:	
Food/medication allergies:	
Describe student's reaction:	
How should this reaction be handled? (Attach plan)	
3 STUDENT AND ALLERGY INFORMATION	Birthdate & Age
Student Name:	
Food/medication allergies:	
Describe student's reaction:	
How should this reaction be handled? (Attach plan)	

I (parent) _____ hereby give permission for any and all medical attention to be administered to (names) _____ in the event of accident, injury, sickness, etc., under the direction of **Parrhesia Speech and Debate Club**, until such time as I may be contacted. I assume the responsibility for the payment of any such treatment. ALSO, I, (parent) _____ release supervising parents and coaches of **Parrhesia Speech and Debate Club** from any and all liability for damage to or loss of personal property, sickness, or injury which may occur while my student participates in **Parrhesia Speech and Debate Club**.

Parent Signature

Date

Parent: Check which days you can help: Monday Tuesday Wednesday