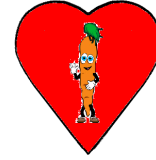




Happy Hearts Healthy Bodies



REGISTRATION FORM

Participants

Name: _____ Age: _____

Address: _____ City: _____ Zip: _____

Currently Attending _____ in Grade _____
School Name

Parent/Guardian Name(s): _____

Home Phone: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

Relationship: _____

Eligibility for Participation in Program

Child's BMI: _____ See chart on reverse
Child **DOES** **DOES NOT** receive free or reduced lunch
(circle one)

Existing Medical Conditions if known: _____

Known Allergies: _____
(include medicine, **FOOD**, bee stings, etc.)

Current Medications: _____
(or any related information that would assist in safe treatment)

Dismissal Permission:

I hereby permit my child to walk home each day at the conclusion of the program

_____ will be picking my child up promptly each day at the conclusion of the program
Name & relationship to child

Parent or Guardian Signature

Date