



HEADS UP

(Sponsored by Women's Informal Network)

Date _____

Name (Last) _____ (First) _____ (MI) _____

Date of Birth (Month) _____ (Date) _____ (Year) _____

Address _____

Phone (Home) _____ (Cell) _____

Email Address _____

School _____ (Grade) _____

Parent/Legal Guardian _____

Relationship _____ Email Address _____

Phone Number (Home) _____ (Cell) _____

Parent/Legal Guardian _____

Relationship _____ Email Address _____

Phone Number (Home) _____ (Cell) _____

Allergies, Medications, Special Conditions, if any:

Health Insurance Name and Policy # _____

PERMISSION

I, the undersigned parent or legal guardian of the above listed child gives my permission for her to participate in Heads Up, sponsored by Women's Informal Network (WIN). Representatives of WIN may grant permission for medical treatment during this time.

Signature _____ Date _____

Field Trips: I hereby give my permission to Women's Informal Network for my child to be transported in a vehicle and or participate in field trips.

Yes _____

No _____