

A Good Name Project



The Baltimore, Maryland Edition

Complete this form to officially register your child for **The Summit** leadership and development retreat May 17, 2019. Return it to your school's main office unless otherwise instructed.

Feel free to contact: Steve Fitzhugh with any questions or concerns

240.353.8358

steve@agoodnamewins.org

Shirt size: S M L XL 2XL

Warm-up suit size: S M L XL 2XL

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Student's Name \_\_\_\_\_ DOB \_\_\_\_\_

Street Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to student \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Allergies \_\_\_\_\_ Medications/Dosage \_\_\_\_\_

Physical limitations \_\_\_\_\_ School \_\_\_\_\_

We, the parent(s)/guardian(s) will not hold *A Good Name* or *Covenant Village Retreat* responsible for any accident that may happen while our child is at The Summit. If an accident does occur we give *A Good Name* and *Covenant Village Retreat* approval/permission to take our child to the hospital to receive medical attention until we arrive. **The parent/guardian is responsible for health insurance.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_