WHIRLING THUNDER WELLNESS PROGRAM
Participant Activity Form

Name of Activity: _____

_____ _____ _____
Last Name First Name MI DOB: (mm/d/y) Age

_____ _____
School Grade

_____ _____
Parent/Guardian (Please Print) Phone

_____ _____ _____ _____
Address City State Zip Code

_____
E-Mail Address (Optional)

By Signing you are authorizing your permission for you or your child to participate in the listed activity. You have the right to obtain a copy of this form at any time upon your request. You also have the right to withdraw your child from this activity at any-time, please offer requests in writing.

_____ _____
Parent/Guardian Signature Date

**********Emergency Contact Information**********

Please provide names and phone numbers of persons we may contact should you be unavailable during an emergency

1) _____ _____ _____ _____
Name Home Phone Work Phone Cell Phone