

TRAINING DEPOT

Field Trip Form

Please return to the Training Depot office with your Summer Activity Fee of \$130 plus (if applicable) your deposit and \$60 Enrollment Fee.

CHILD'S FULL NAME _____
Last First Middle

BIRTH DATE _____ GENDER-Circle one M F

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOME PHONE _____

Father's Name _____ Occupation _____

PLACE OF EMPLOYMENT _____ Work # _____

Mother's Name _____ Occupation _____

PLACE OF EMPLOYMENT _____ Work # _____

In case of an emergency in which the parents cannot be reached, please call:

NAME _____ RELATIONSHIP _____ PHONE _____

ADDRESS _____

*****Special Emergency Referral Instructions*****

In the event I cannot be reached or make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize the staff and/or Director, representing The Training Depot, to take my child to:

Doctor Address Phone

Doctor/Clinic/Hospital Address Phone

Signature of Parent or Guardian Date