

Washington D.C. Trip SMS Registration Form
DO NOT TURN IN UNLESS ALL INFORMATION IS COMPLETE
PLEASE PRINT

Student Name: _____ Circle one: Male/Female

Home Address Line 1: _____

Address line 2: _____

City: _____ State: _____ ZIP Code _____

Home Phone Number: _____

Parent #1 Name: _____

Parent #1 Cell Number: _____

Parent #2 Name: _____

Parent #2 Cell Number: _____

Emergency Contact Name (in case parent cannot be reached): _____

Emergency Contact Cell Number(s) _____

Allergies: No/Yes (If yes, please specify): _____

Dietary food restrictions: No/Yes (If yes, please specify): _____

Emergency Medical Release

In case of emergency involving my child (student) and a parent/guardian cannot be contacted, I authorize any chaperone associated with this tour to obtain medical care for my child.

Child's name: _____

Insurance company name: _____

Insurance company phone: _____

Insurance company address: _____

Policy Number: _____

Insured's Employer Name: _____

Insured's Employer Phone: _____

I, (print parent name) _____ authorize the use of our current/updated family medical insurance company.

Parent Signature: _____ Date: _____