

# ***SOUTHCENTRAL OUTDOORS for YOUTH, Inc.***

**7169 Lincoln Highway Thomasville, PA 17364**

## **Registration & Release from Liability Form**

The following form is to be completed and returned by the parent or guardian of the youth(s) 6-17 years of age, who will be participating in the Youth Field Day, May 10, 2008 at the Adams County Fish and Game Club. Registration is from 6:30 a.m. – 7:45 a.m.

**NO ONE WILL BE REGISTERED AFTER 9 a.m.** The event starts at 8:00 a.m., rain or shine.

For more information or to register online go to [www.youthfieldday.com](http://www.youthfieldday.com)

<i>Please print</i>	<i>Birth Date</i>	<i>Age</i>	<i>Sex</i>
<b>Youth Name:</b> _____	___/___/___	___	M F
<b>T-Shirt Size</b> YM AS AM AL XL XXL XXXL	<b>Special Medical Conditions?</b>	Yes No	
<b>Youth Name:</b> _____	___/___/___	___	M F
<b>T-Shirt Size</b> YM AS AM AL XL XXL XXXL	<b>Special Medical Conditions?</b>	Yes No	
<b>Youth Name:</b> _____	___/___/___	___	M F
<b>T-Shirt Size</b> YM AS AM AL XL XXL XXXL	<b>Special Medical Conditions?</b>	Yes No	
<b>Youth Name:</b> _____	___/___/___	___	M F
<b>T-Shirt Size</b> YM AS AM AL XL XXL XXXL	<b>Special Medical Conditions?</b>	Yes No	
<b>Youth Name:</b> _____	___/___/___	___	M F
<b>T-Shirt Size</b> YM AS AM AL XL XXL XXXL	<b>Special Medical Conditions?</b>	Yes No	
<b>Parents Name:</b> _____	<b>Home Phone:</b> _____		
<b>Parents Address:</b> _____			
<b>Name of Adult Accompanying Youth:</b> _____			
<b>Please describe any special medical conditions that we should be aware of?</b>			
_____			
_____			
_____			

I/we \_\_\_\_\_ do hereby permit my/our child  
(Parent or Guardian)

to participate at his/her own risk in the various activities offered by the SOUTHCENTRAL OUTDOORS for YOUTH Inc. on:

May 10, 2008 at Adams County Fish and Game Club - 6:30 a.m. to 3 p.m.

I/we \_\_\_\_\_ do hereby release the SOUTHCENTRAL OUTDOORS for YOUTH Inc., the Adams County Fish and Game Club, sponsors, and the staff of the Youth Field Days, from any liability due to accident or injury incurred during the day's activities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

**PLEASE NOTE:** If you are coming as a group, please make sure you have (1 Adult for every 5 children). Groups will be limited to 15 children per group. There will be no exceptions.

Mail this registration form in before April 15, 2008 to: Rick Patrick

Please mark your calendar with your selected date. 121 Ridge Hill Rd.

SEE YOU AT THE EVENT

Mechanicsburg, PA 17050

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