

Parent and Student Registration
June 25 & 26
\$40/student, \$20/parent

UNPLUGGED
PDC

Name: _____

T-shirt Size: Youth S M L Adult S M L XL

Parent Information

Name: _____

Phone: _____

Non-Parent Emergency Contact: _____

Non-Parent Emergency Contact phone: _____

I give permission for medical personnel to administer the following non-prescription, over the counter medications as indicated by checking below:

Acetaminophen Ibuprofen Decongestant Antacid Antihistamine Antihistamine Cream
 Antibacterial Ointment Cough Medicine Sunscreen Insect Repellant

Registration Form must be accompanied by full payment to reserve your spot.

Participants must have a Permission / Medical Release Form on file.

Parents, if you are going, please fill out a form for you as well.

Parent Signature _____