



OVERCOMING BARRIERS REGISTRATION FORM

DATE(s) & LOCATION OF PROGRAM: _____

CHILD'S NAME: _____ AGE: _____

PARENT(s) OR LEGAL GUARDIAN(s)

_____ RELATIONSHIP: _____

_____ RELATIONSHIP: _____

ADDRESS: _____

PHONE NUMBER: _____ E-MAIL: _____

EMERGENCY CONTACT & NUMBER: _____

ALLERGIES: _____

ALLERGIC TO BEE STING: YES NO ASTHMA: YES NO

ANY ADDITIONAL MEDICAL INFORMATION: _____

TYPE OF DISABILITY: _____

PHYSICAL LIMITATIONS: _____

COGNITIVE ISSUES: _____

BEHAVIORAL CONCERNS: _____

ADDITIONAL INFORMATION FOR STAFF: _____

HOW DID YOU HEAR ABOUT THE PROGRAM: _____

SHIRT SIZE YXS YS YM YL AS AM AL AXL

RECEIVE PROGRAM INFORMATION VIA: E-MAIL or POSTAL MAIL

****DISCLAIMER:** James Madison University and its personnel are not responsible or liable for any injuries that take place during the program. We reserve the right to use photography during the program for promotional use.

Parents or Legal Guardian Signature: _____ Date: _____

Mail to Tom Moran, JMU, 261 Bluestone Dr., MSC 2302, Harrisonburg, VA 22807
OR fax to: 540-568-3338