



Growing Up WILD™ Program

(Please Print)

Child's Name: _____ Age: _____ Sex: M F
Date of Birth: _____ Grade: _____
Mother/Guardian: _____ Father/Guardian: _____
Address: _____ City: _____ Zip: _____
Daytime Phone (Mom): _____ (Dad): _____
Home Phone: _____ Email: _____

In Case of Emergency, contact the following person (other than parent):

Name: _____
Phone: _____
Name: _____
Phone: _____

Does your child have any medical condition or allergy that the instructors should be made aware of?

Is your child taking any type of medication? No /Yes If yes, please list:

The following person(s) will be allowed to sign my child out from this program

Does your child require help with activities of daily living (i.e. toileting, feeding, dressing, etc)?
Yes No

Does your child require one on one care (i.e. tendency for hitting/biting, scratching, or is a flight risk)?
Yes No

If you answered yes to the last two questions, please speak with an instructor at (940) 637-2702.