

# Community Cares Mission Experience 2023

## St. Gertrude Church - Registration Form



**Hours of Operation**  
**Monday, July 10, 2023, through Friday, July 14, 2023.**  
**9 AM to 3PM**  
**Drop off/Pick up place: Social Hall**  
**1401 W. Granville**

**Circle all that apply -- ONE FORM PER CHILD**

**T-shirt Size (circle):** YXS   YS   YM   YL   AS   AM   AL   AXL

**Participant Last Name:** \_\_\_\_\_ **Participant First Name:** \_\_\_\_\_

**Gender:** M   F   **Birthdate:** \_\_\_\_/\_\_\_\_/\_\_\_\_   **Age:** \_\_\_\_\_   **Fall '23 Grade:** \_\_\_\_\_

**Parent/Guardian Name(s)** \_\_\_\_\_

**Address:** \_\_\_\_\_   **City:** \_\_\_\_\_   **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_   **Phone Number(s):** \_\_\_\_\_

### Emergency Contacts (In the order you want us to call)

NAME	PHONE NUMBER	RELATION TO PARTICIPANT

**List anyone who can pick-up your child:** \_\_\_\_\_

**My child has permission to walk home:** YES   NO   **Signature of Parent or Guardian** \_\_\_\_\_

**Does the participant have any allergies/health conditions (EX. peanut allergy, ADHD, etc.)?** YES   NO

If yes, what are they? \_\_\_\_\_

**Do we have your permission to include your child in photos, videos and/or social media?** YES   NO

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

A registration fee of \_\_\_\_\_ (non-refundable) has been paid to reserve a position for my daughter/son for the Community Cares Mission Experience. (The Mission Experience fee is \$100 dollars. 50% of the registration must be paid at the time of registration.)

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Check #** \_\_\_\_\_ **or Give Central transaction number** \_\_\_\_\_ **Date** \_\_\_\_\_