



# MISSION MANIA PERMISSION FORM

## Participant Information

*Please print clearly*

Participant's Name: \_\_\_\_\_

Date of Birth: mm/dd/yyyy \_\_\_\_\_

Last Grade in School: \_\_\_\_\_

Allergies/Medical Needs/Other info need to know that will help us best provide for your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Parent/Guardian Information

Parent/Guardian Names: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Name(s) of persons allowed to pick up child

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

T-shirt size: \_\_\_\_\_

1st Emergency Contact (in addition to parent/guardian listed)

Emergency Contact Name: \_\_\_\_\_  
\_\_\_\_\_

Relationship to contact: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Cell Phone Number: \_\_\_\_\_  
\_\_\_\_\_

2nd Emergency Contact (in addition to parent/guardian listed)

Emergency Contact Name: \_\_\_\_\_  
\_\_\_\_\_

Relationship to contact: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Cell Phone Number: \_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use:

Cash Amount: \_\_\_\_\_

Check Amount: \_\_\_\_\_

Received on: \_\_\_\_\_

Initials: \_\_\_\_\_