



FRIDAY FUN Night REGISTRATION

Location :Lincoln Intermediate Unit #12

65 Billerbeck Street New Oxford PA17350

A NEW REGISTRATION FORM IS REQUIRED EACH SCHOOL YEAR TO ENSURE WE HAVE UP-TO- DATE CONTACT INFORMATION

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate \_\_\_\_\_

Phone :( ) \_\_\_\_\_ Email \_\_\_\_\_ Registration Date \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_ Agency \_\_\_\_\_

Agency contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Nature of Disability/Special Needs: \_\_\_\_\_

Food Restrictions/Allergies (if any): \_\_\_\_\_

Emergency Contact: (Name/Phone) \_\_\_\_\_

I understand that participation in this event is voluntary and should an emergency occur, the program coordinators will contact 911 should immediate medical attention be required. Intials \_\_\_\_\_

I also give permission for photographs to be taken and used for event publication, media, Social media and community announcements. Intials \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SEND REGISTRATION TO or BRING ALONG Phone 717.677.8487

The Arc of Adams County thearcofadams@gmail.com /arcadamspa.org

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