



P.O. BOX 13646
 Macon, GA 31208
 478-714-6039

PARTICIPANT INFORMATION FOR STEMSTASTIC SATURDAY

Last Name		First		M.I.	Age	
Street Address				Apartment/Unit #		
City		State		ZIP		
Phone			Nickname			
School:			Grade Level:			
Interests/Hobbies: _____						

PARENT/GUARDIAN INFORMATION

Last Name		First			
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		Email			
Emergency Contact Name					
Emergency Contact Phone Number					

ADDITIONAL INFORMATION

T-shirt Size (Circle one)	CHILD	S	M	L	XL	ADULT	S	M	L	XL	XXL	XXXL
Please list any allergies, dietary, and/or physical restrictions: _____												

Please list ALL persons authorized to pick up participant: _____												

I, the undersigned parent/guardian hereby grant permission for the participant to attend the above mentioned event. In the event of injury or mishap, I consent to the participant being treated by a licensed physician or health care provider. I understand that Real I.M.P.A.C.T, Inc. does not provide any health or liability insurance coverage for participants, therefore I, the parent/guardian will be responsible for any expenses incurred. In addition, I authorize my child (a minor) to be transported as necessary and to be videotaped and photographed for the purpose of Real I.M.P.A.C.T., Inc. publications and/or promotional materials (including print, commercial, and marketing documents).

 Parent/Guardian Signature

 Date