



## B.O.T.S.O.

(Brothers Organized To Serve Others)

### 2011 STUDENT SIGN-UP SHEET

#### YOUTH INFORMATION

**(PLEASE PRINT)**

Student Name: First \_\_\_\_\_ Last \_\_\_\_\_ Nickname \_\_\_\_\_

Street/P.O. Box: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

School child currently attends: \_\_\_\_\_ Grade: \_\_\_\_\_

School child will attend next year: \_\_\_\_\_

Age: \_\_\_\_ years old T-Shirt Size: \_\_\_\_\_

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#### **\*\*\*PARENT / GUARDIAN INFORMATION\*\*\* (PLEASE PRINT)**

Parent/Guardian Name: \_\_\_\_\_

Are you ? (Check One): Mother [ ] Father [ ] Guardian [ ]

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

In Case of Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Does youth have your permission to participate in B.O.T.S.O. program: Yes [ ] No [ ]

Does child need medication(s) to participate in high energy activities: Yes [ ] No [ ]

If yes, please list type, dosage and time of dosage: \_\_\_\_\_

Please list any allergies your child has \_\_\_\_\_

#### **\*\*\* WAIVER \*\*\***

As parent or guardian of youth named above, I understand that B.O.T.S.O. an entity of Win – Win Resolutions Inc. CANNOT be held responsible or liable for any injuries sustained by youth named above incidental to participating in any event/activities sponsored by B.O.T.S.O.

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