

A Day of Adventure on the Yellow Brick Trail

by Yellow Brick Place
Cancer Wellness Center

234.228.9550

Participant's Name _____

Age _____ Birthday _____

Address _____

County _____

T-shirt size: **Child** Small Medium Large

Adult Small Medium Large

Parent's Name _____

Parent's Phone _____

Phone number parent can be reached on day of event if
necessary _____

I, _____ understand my child _____ is participating in Yellow Brick Place (YBP) **A Day of Adventure on the Yellow Brick Trail**. I give my permission for my child to participate in all activities of the program. I hereby release and hold harmless YBP, its directors, employees, organizers, sponsors, and supervisors of its activities from any and all claims, causes of actions, and liability arising from or any way connected with my child's participation with YBP.

(please initial the following if you are in agreement)

_____ I give YBP permission to use photographs and/or videos of my child in its publicity efforts.

_____ I give YBP permission to use my child's name in association with the photograph and/or video.

_____ I understand my child will be in contact with live animals.

Relationship of child to person with cancer:

Relative _____ Friend _____ Teacher _____ Other _____

Morning Snack:

Fresh fruit, water, juice box

Boxed Lunch:

Chicken Nuggets Ketchup

Raw carrots/celery sticks w/ ranch dip

Fresh Fruit Cup

Lorna Doones

Go Gurt

My child has permission to eat the food on the above menus.
My child does not have food allergies pertaining to the above
foods

Parent's signature

My child has food allergies and may not eat the furnished
menu. I will be supplying my child's food for this
event. _____

Parent's signature

Participant's name _____