



# Seabrook Adventure Zone

## Fisher Cats VS Sea Dogs Trip

**Wednesday June 1<sup>st</sup>**  
**5:15PM Drop Off – 9:30PM Pick Up**  
 Please Fill in ALL Information!

**Youth Name:** \_\_\_\_\_ **Date of Birth:** / / **Age:** \_\_\_ **Grade:** \_\_\_ **Male** / **Female**

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

**Phone # (Circle Primary) H:** \_\_\_\_\_ **W:** \_\_\_\_\_ **C:** \_\_\_\_\_

**Email:** \_\_\_\_\_ (Please Write Clearly)

**Mother/Guardian Name:** \_\_\_\_\_

**Father/Guardian Name:** \_\_\_\_\_

**Address/Phone (s)/Email if different:** \_\_\_\_\_

### EMERGENCY CONTACTS & ALTERNATE PICK-UP

**Name:** \_\_\_\_\_ **Relationship to Participant** \_\_\_\_\_

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

**Phone (s): H:** \_\_\_\_\_ **W:** \_\_\_\_\_ **C:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

### ALLERGIES/MEDICATION

**Please list ALL Allergies and Medications**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

X \_\_\_\_\_ I give permission for my child to be transported by SAZ, including their contracted providers, to/from the Fisher Cats vs Portland Sea Dogs Game on Wednesday, June 1<sup>st</sup> 2022 and attend the full trip from 5:15PM drop off until the pick-up time of 9:30PM.

X \_\_\_\_\_ In the event of an emergency SAZ will attempt to contact me prior to any medical treatment. I give permission for my child to receive emergency medical treatment, including the use of anesthesia, as recommended by medical practitioners.

X \_\_\_\_\_ I give permission for the use of various media representations of my child, including photo, audio, video and written.

X \_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date

Please Fill in ALL Information! Contact Brittney Gentile with any questions or concerns

[brittney@friendsofseabrookcommunity.org](mailto:brittney@friendsofseabrookcommunity.org) (603) 312-5034

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