Compass Community Connections
31 S Dorcas Street, Suite A
Lewistown, PA 17044
248-6261
Program Enrollment Form
2024-25

PERSONAL INFORMATION

PARTICIPANT NAME _____
LAST FIRST MI

ADDRESS _____
STREET CITY STATE ZIPCODE

HOME PHONE #_____**PARTICIPANT'S CELL PHONE #**_____

DATE OF BIRTH _____ **CURRENT AGE** _____

GENDER: **(PLEASE CHECK ✔)** ☐ Male ☐ Female
COUNTY: **(PLEASE CHECK ✔)** ☐ Mifflin ☐ Juniata ☐ Huntingdon ☐ Other-Please list_____

PROGRAM ENROLLMENT (PLEASE CHECK ✔ all that apply)

SUMMER RECREATION	COMMUNITY CONNECTIONS
☐ Bridge	☐ After School
☐ Middle School	☐ Adult Rec
☐ Teen	☐ T-Ball
	☐ Challenger Little League
	☐ Aktion Club
	☐ TnT
	☐ Teen Club
	☐ Venture Crew

SCHOOL ATTENDING (If applicable)_____

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PARENT/GUARDIAN CONTACT INFORMATION

NAME(S) _____
LAST FIRST MI RELATIONSHIP

ADDRESS (If different than participant) _____
STREET CITY STATE ZIP CODE

_____ _____
HOME PHONE # **WORK/CELL PHONE #**

E-MAIL_____

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EMERGENCY CONTACT INFORMATION

NAME_____
LAST FIRST MI RELATIONSHIP

ADDRESS_____
STREET CITY STATE ZIP CODE

_____ _____
PHONE # **WORK/CELL PHONE #**

E-MAIL_____

MEDICAL INFORMATION

Current Diagnosis (Please list): _____

Current medications (Please list): _____

_____

Known Allergies:

_____

Special Concerns or Dietary restrictions: (attach additional sheet if necessary)

_____

_____

Name of Primary Physician: _____ Physician's Phone number: _____

Any additional information important to treatment in the event of an emergency:

RELEASES

In case of an accident or injury, I hereby give my permission and consent, as the enrolled participant or the parent(s) or guardian(s) of the above named participant, for the administration of emergency medical or dental treatment in the event that I am unavailable to provide my consent immediately.

I hereby agree or agree on behalf of the above named individual, or myself to waive any claims for liabilities against Compass Community Connections and other cooperative organizations, as well as, any officers, agents, and employees that may apply from participation of the above named individual in the referenced program(s).

Name: _____ Date: _____

Signature: _____

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I hereby agree on behalf of the above named individual or myself that I/he/she may be video taped and/or photographed for the purposes of promoting programs and services of Compass Community Connections.

Name: _____Date: _____

Signature: _____

Office Use Only

Approved By: Date:
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