

HAPPY CHILDREN'S FOUNDATION

PARTICIPANT APPLICATION

INSTRUCTIONS: Please complete the requested information. All information provided on this form will remain strictly confidential, and is used by the HAPPY CHILDREN'S FOUNDATION staff and volunteers. Any false statement, omission of information, or misrepresentation of the facts called for on this application may be cause for denial of participation. **PLEASE WRITE CLEARLY.**

Completion of this application does not guarantee a space for you (your child) at a HAPPY CHILDREN'S FOUNDATION Activity/Event. Space is generally available on a first-come, first-served basis. Acceptance of applicant is contingent upon evaluation of the application by the HAPPY CHILDREN'S FOUNDATION Staff Coordinators and medical advisors.

PARTICIPANT INFORMATION

Please provide your child/adolescent in this section:

CHILD'S NAME _____
(LAST) (FIRST) (MIDDLE) (NICKNAME)

HOME ADDRESS _____
(STREET) (APT. #)

(CITY) (STATE) (COUNTY) (ZIP)

HOME PHONE NUMBER (_____) CELL PHONE NUMBER (_____) _____

E-MAIL ADDRESS _____ FAX NUMBER (_____) _____

AGE _____ BIRTHDATE _____ HEIGHT _____ WEIGHT _____

T-SHIRT SIZE: ___ SMALL ___ MEDIUM ___ LARGE ___ X-LARGE (CHILD) (ADULT)

LANGUAGES SPOKEN: ENGLISH SPANISH OTHER _____

WHAT IS YOUR CHILD'S MEDICAL DIAGNOSIS AND/OR SPECIAL NEEDS QUALIFICATION?

LIST THREE ACTIVITIES THAT YOUR CHILD ENJOYS:

HOW MANY FAMILY MEMBERS WILL BE ATTENDING EVENT WITH PARTICIPANT?

NO. OF ADULTS _____ NO. OF CHILDREN _____

IS THERE ANYTHING ELSE THAT WE SHOULD KNOW ABOUT YOUR CHILD THAT MIGHT HELP MAKE EVENT PARTICIPATION MORE PLEASANT?

PARTICIPANT NAME _____

PARENT/LEGAL GUARDIAN INFORMATION

Please specify if Mother, Father, OR Legal Guardian:

MOTHER/OR LEGAL GUARDIAN*
(CIRCLE ONE)

FATHER/OR LEGAL GUARDIAN*
(CIRCLE ONE)

NAME:		
STREET ADDRESS:		
CITY, STATE, ZIP CODE:		
HOME PHONE NUMBER:		
CELL PHONE/PAGER NUMBER:		
E-MAIL ADDRESS:		
EMPLOYER NAME:		
WORK PHONE NUMBER:		
FAX NUMBER:		

Marital Status of Parents/Legal Guardian: Married Separated Divorced Single

*If Legal Guardian, please provide documentation to establish the basis of your guardianship.

EMERGENCY CONTACT INFORMATION

Please list TWO emergency contacts:

EMERGENCY CONTACT

EMERGENCY CONTACT

NAME:		
STREET ADDRESS:		
CITY, STATE, ZIP CODE:		
HOME PHONE NUMBER:		
CELL PHONE/PAGER NUMBER:		
RELATIONSHIP TO PARTICIPANT:		

PARTICIPANT NAME _____

AUTHORIZED SIGNATURE(S)

I assert that I am (we are) the parent/legal guardian of the above -named participant and that I (we) have full authority to authorize his/her participation in HAPPY CHILDREN'S FOUNDATION Activities/Events

Custodial Parent/legal Guardian must sign.

Print parent/Legal Guardian's Full Name

Print parent/Legal Guardian's Full Name

Relationship to Participant

Relationship to Participant

Parent/Legal Guardian's Signature

Parent/Legal Guardian's Signature

Date

Date

MAIL OR FAX COMPLETED FORM TO:

HAPPY CHILDREN'S FOUNDATION
ATTN: PHYLLIS SCOTT
3717 SOUTH LA BREA AVENUE
LOS ANGELES, CA 90016
PHONE & FAX NUMBER: (323) 373-1243
PHONE NUMBER: (323) 559-4195
happychild2004@yahoo.com