

Washburn University
**Back 2 School Fair**
Friday, August 8, 2014 • Washburn University

Child’s Name Date of Birth

Child’s School Child’s Grade Male of Female (please circle)

Parent’s Name Phone Number

Address E-mail

Would you be interested in your child receiving a sports physical exam?

Yes

No

Race/Ethnicity

African American Hispanic

Caucasian Asian

American Indian Other

Permission: By signing below I give my permission for my child to participate in the Washburn University Back 2 School Fair. I understand and agree that this information may be used for follow-up purposes for the benefit of my child. I understand that I must accompany my child to the fair and to all screenings or provide a permission slip for another adult (over age 21) to accompany him/her. The University does not assume responsibility for injury or property loss, or damage sustained by persons on or off the University’s premises. Incidents of injury or property damage which could result in claims should be reported to the police immediately.

Signature (Parent or Guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_