



# Slumber Under the Sea Registration Form

(Please Print Clearly)

Attendee's Name: \_\_\_\_\_ Male  Female  Birthday (M/D/Y): \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

If attendee is under age 18, please complete information for accompanying parent or person who will serve as chaperone/guardian during the event or attach un-chaperoned form.

Parent/Chaperone/Guardian's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

### Emergency Contact

Someone to contact in case of emergency - Even if you are attending with your child, please list an alternate contact in the event of an emergency; please inform this person of their responsibility:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Food Allergies:** \_\_\_\_\_

**\*\*\*Any medications are the responsibility of the chaperoning adult. A refrigerator is available for storing medications.\*\*\***

### IN CASE OF EMERGENCY

I hereby give permission for my child or myself to receive first-aid care while attending the sleepover. Should it become necessary for him/her to receive professional medical, surgical, or dental treatment, I authorize aquarium personnel to give the necessary "parental consent" in our stead for a licensed physician, surgeon or dentist to administer treatment when they deem necessary including emergency transportation by ambulance, hospitalization, anesthetic, and surgery. I understand every effort will be made to contact me immediately upon discovery of an emergency. I agree to take full financial responsibility for all expenses that might be incurred. This consent is given in advance of any specific diagnosis or treatment required. I further agree to hold harmless the Aquarium Staff and the Jenks Aquarium Authority, its officers, agents, and employees for any claims for damages as a result of any medical treatment rendered or first-aid assistance rendered in good faith.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

Witness: \_\_\_\_\_

For religious or other reasons, I do not give consent for emergency medical care; I take full responsibility for this action. Attached are instructions to be followed in the case of a medical emergency.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

Witness: \_\_\_\_\_

