Send your registration and \$5.00 Fee by March 22, 2019 This event fills up fast!



So Cal-Ice Skating Event (Saturday, March 2, 2019) Child Participant Registration and Medical Release Form

Survivo	rs Name:			_Sex: M or F	DOB://	
Date of	Burn	Cause		Length of s	tay	-
	·					
Parent/C	Buardian's Name:					
Phone n	umber where parent/guardian can	be reached dur	ring the day: ()		
Parent E	Email:					
THE	FOLLOWING QUESTIONS AF HAVE TO BE FILLED OU					
Are you	allergic to any food, medications	, etc.? Yes or N	lo			
If yes, pl	lease list:					
Whom n	nay we contact in case of an emer	gency: (must l	ist one name/nun	nber different than	above)	
Name: _		Phone: ()	Relationship	D:	_
		РНОТО	GRAPH/VIDE	O RELEASE		
assistan trip, by	sa Ann Ruch Burn Foundations are programs. You can help the allowing us to use your child check the box next to the appropriate the appropriate to the approximate to the appropriate to the approximate to	e AARBFs' eff 's photos for	orts to increase our website and	support for its v l publications. T	valuable survivor program	ms like the sk
	Yes, I authorize the Alisa Anr I understand that my child information will not be reveal No, I do not want my child to	's last name, ed without m	the cause of y specific conse	my child's bur nt.		
	Parent/ Guardian Signat	ure			Date	

Space is limited; please register by Friday, March 22,, 2019 Email your registration form and mail your \$5.00 fee to: Attention: Margarita "Cubby" Rodriguez

Alisa Ann Ruch Burn Foundation
50 N. Hill Ave, Suite 305, Pasadena CA 91106
Fax (818) 848-0296 or at 1-800-242-2876
Please, make check or money order payable to AARBF. Fee must be received to attend.

www.aarbf.org