



# OFF-SITE ACTIVITY SIGN UP SHEET

ACTIVITY : \_\_\_\_\_

DATE : \_\_\_\_\_

FIRST NAME

LAST NAME

EMERGENCY CONTACT NAME AND NUMBER

PARENT/GUARDIAN PRINTED NAME AND SIGNATURE

GUARDIAN/PARENT HAS FILLED OUT AND SIGNED THE VAN TRANSPORTATION WAIVER ON THE HOMER REC ROOM WEBSITE  YES  NO

YOUR PHONE NUMBER

EMAIL/INSTAGRAM

PRONOUNS IF YOU'D LIKE

ALLERGIES, ANYTHING YOU  
WANT US TO KNOW

MORE INFO TO SHARE WITH US?

Blank area for allergies and other information.

Blank lines for additional information to share.