

UBS Registration
July 14-18, 2008 from 8am-Noon
For kids going into 1st-5th Grade as of Fall '08

Name: _____ Grade Fall 2008: _____

Address: _____ City: _____

Parent Name: _____ Contact/Cell #: _____

Email: _____

UBS Participation Agreement:

I give permission for my child to participate in all UBS activities. As parent/guardian, I give permission for the staff/volunteers of UBS to authorize medical services for my child in the event of an emergency July 14-18, 2008.

Parent/Guardian: _____ Date: _____