



THE Heart to  
Heart WORKSHOP  
REGISTRATION

Mail completed registration form along with a \$10.00 check, payable to "STEP". Mail to: STEP, P.O. Box 6191, Hilton Head Island, SC, 29938. You will receive a confirmation by email.

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent or Guardian's Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I am enclosing a check for \$10.00 for my child to participate in The Heart to Heart Workshop at HHIHS.

\_\_\_\_\_  
Parent /Guardian Signature Date

Health information:

List any allergies and the responses your child has. Attach a separate sheet to list medications or procedures to follow in case of an allergic reaction.

Food allergies \_\_\_\_\_

Drug allergies \_\_\_\_\_

Plant allergies \_\_\_\_\_

Insect allergies \_\_\_\_\_

Emergency Contact Information:

Parent/Guardian phone number where they can be reached during the workshop

\_\_\_\_\_  
Consent to Treatment and Release: I the undersigned, as parent or legal guardian of the child listed on this form, hereby authorize Student Training Empowerment Program, STEP, and its delegated leaders and directors to consent to any medical and hospital care to be rendered to said minor upon the advice of a licensed physician. It is understood that if time and circumstances reasonably permit, STEP will try, but is not required to communicate with me prior to such treatment. The undersigned further agrees that STEP and its designated leaders and directors are not legally or financially liable for any claim arising from any consent given in good faith in connection with such diagnosis or advised treatment. This authorization and consent to treatment of the minor is given to STEP in conjunction with the STEP Valentine Workshop, Monday February 23, 2009.

\_\_\_\_\_  
Parent/Guardian Date

