



Don't Get Hooked

WORKSHOP

REGISTRATION

Mail completed registration form along with a \$14.00 check payable to "STEP". Mail to:  
STEP, P.O. Box 6191, Hilton Head Island, SC, 29938.

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I am enclosing a check for \$14.00 for my child to participate in The Don't Get Hooked 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 Don't Get Hooked Workshop, Monday May 4, 2009.

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

\_\_\_\_\_  
Date

For more information please visit [www.gostep.org](http://www.gostep.org) or email [Kathleen@gostep.org](mailto:Kathleen@gostep.org)

