

Wilmington College Sibs Weekend 2019

Paper Registration

Basic Info:

Parent Name: _____

Phone: _____

Student Name: _____

Phone: _____

Student ID: _____

Housing: _____

Sibling Info:

Sib 1: _____

Birthdate: _____

Sib 2: _____

Birthdate: _____

Sib 3: _____

Birthdate: _____

Permission and Liability Info:

I, the parent/guardian of the above mentioned Sibs, understand that my child(ren) will spend the weekend of March 29, 2019, at Wilmington College with: _____ and I agree to come to Wilmington College at any time to pick up the above mentioned Sibs should it become necessary. (WC Student)

I give consent to have a Wilmington area hospital/doctor treat the above mentioned Sibs if they are injured. Yes No

Parent/Guardian Signature: _____

I, the WC Student Host, understand that I am responsible for the actions of my Sibs. Yes

Student Signature: _____

Emergency Contact Info:

Name: _____

Name: _____

Relationship to Sibs: _____

Relationship to Sibs: _____

Phone: _____

Phone: _____

