



Christian Outdoor Coalition Participant Enrollment Form

Participant Data:

First Name: _____ MI _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Male: Female: Age: ____ Grade: _____ School Attending: _____

Ethnicity: White: African American: Hispanic: Asian: Native American:
Other:

Emergency Contact Information:

Parents/Guardians must complete this section for participants less than 18 years of age.

First Name: _____ MI _____ Last Name: _____

I am the _____ (legal relationship) of the child named above. In the event of questions or an emergency, I can be reached at:

Street Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

I give permission for my child to participate in all activities and programs of Christian Outdoor Coalition, including but not limited to permission to transport my child to and from activities, special trips and events. In consideration for his/her active participation in Weed and Seed, I agree to waive any and all liability against the COC that may be occasioned through his/her participation. I agree to hold the COC harmless should any suit or damages result from any activities or transportation provided to my child.

Signature of Parent/Guardian

Date

Select Event:
Camping Trip ___
Fishing Trip ___
Hunting Trip ___
Hunter Education ___

Christian Outdoor Coalition
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