

MAZE 2009 Enrollment Form

Please complete and mail to:

Mervan Osborne • 7 Rutland Street • Cambridge 02138

Child's Name: _____ D.O.B. _____

Current School: _____ Current Grade: _____

Parent/Guardian: _____

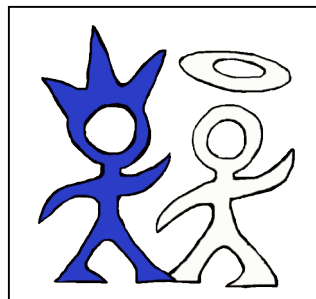
email _____

Address: _____

Work Phone: _____

Home Phone: _____

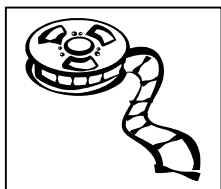
Cell Phone: _____



Please give the date of the most recent tetanus shot or booster:

Please list any allergies including drug interactions:

Doctor's name and telephone: _____



In case of emergency, please give the name and number of a relative or friend who may be contacted if a parent cannot be reached.

Name: _____ Relation _____

Home: _____ Work _____

Cell: _____

It is agreed that, in the event of an accident, Mervan Osborne reserves the right to take the child to the hospital before notifying the parents. This applies to extreme cases and emergencies.

Please enclose check for \$600 payable to Mervan F. Osborne

Signature of Parent or Guardian: _____ Date: _____