



## Support Application

Child's Full Name \_\_\_\_\_

Child's Age \_\_\_\_\_

Child's Birthday \_\_\_\_\_

Child's Illness\*\* \_\_\_\_\_

Child's Physician (Name) \_\_\_\_\_

Phone Number \_\_\_\_\_

Child's Physician Address \_\_\_\_\_

Hobbies/Interests \_\_\_\_\_

Favorite Color \_\_\_\_\_

Favorite Sports Team \_\_\_\_\_

Child School \_\_\_\_\_

T-Shirt Size \_\_\_\_\_

Favorite movie/character \_\_\_\_\_

Child's Grade \_\_\_\_\_

Parents/Legal Guardian \_\_\_\_\_

Phone Number \_\_\_\_\_

Guardian Address \_\_\_\_\_

Email Address \_\_\_\_\_

*By signing you give Fight Like Emilie permission to review this information and post your child's pictures.*

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

**\*\*Please attach a signed statement from the child's doctor on the doctor's letterhead giving the diagnosis for your child.**

**Send this completed form and the doctor's diagnosis to [fightlikeemilie@gmail.com](mailto:fightlikeemilie@gmail.com) or mail to P.O. Box 5002, Bossier City, LA. 71111.**