



FALL/WINTER 2018/19

Attendee information

First Name: _____ Last Name: _____

Birthday: ___/___/___ (DD/MM/YYYY)

How will your child be getting home from the program?

How will your child be getting home from the program?

- I will pick up my child
- My child has permission to walk/bus home on her own
- Other: _____

Parent/ Guardian name : _____(please print)

Signature: _____

Parent/Guardian contact information

DAYTIME PHONE NUMBER	EVENING PHONE NUMBER	EMAIL

Adult Emergency & authorized pick up contact information

Please provide the names of two adults (in addition to parent/guardian listed above) who are allowed to pick up your child. Only adults indicated on this form will be allowed to pick up your child from the program.

First Name	Last Name	Daytime Phone	Secondary Phone	Relationship

First Name	Last Name	Daytime Phone	Secondary Phone	Relationship

Medical Information

Does your child have special needs, medical conditions or allergies?

- YES
- NO

Please describe the nature of your child's special needs, medical conditions, allergies or anything else that might be relevant/important for the camp leaders to be made aware of:

Photography and Media release

I hereby give Rhyze on the Road and its partners, sponsors, agents and directors consent to use and reproduce my child's name/image for promotional purposes. My child's first name (unless otherwise authorized)/image may be published or used in newspapers, promotional videos, program brochures, posters, on the World Wide Web or otherwise displayed to the public or used for other education/fundraising purposes. I release Rhyze on the Road, its partners, sponsors, agents or directors from and all claims, of any nature, based on any uses of the above.

YES NO

Liability Waiver

I, the parent/guardian of the child named above give permission for that child to participate in the programs and services of Rhyze on the Road, and consent to any necessary first aid or emergency medical treatment being provided for the child, waiving any claims against Rhyze on the Road and its partners, sponsors, agents or directors. In respect to any personal injury to such child or to any person or any loss of or damage to property, arising in any way at, from or in connection with the programs and services of Rhyze on the Road. I am providing this waiver on behalf such child and on behalf of my spouse and any other family members or other persons who might be entitled.

YES NO

Parent/ Guardian name: _____ **(please print)**

Date: _____

Signature: _____