

KEYS OF LIFE REGISTRATION FORM

STUDENT INFORMATION

Student's Name: _____

Date of Birth: _____ Age: _____

Mailing Address: _____

City: _____ Zip: _____

Email Address: _____

Additional Contact Information

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Email: _____ Pager: _____ Cell: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Email: _____ Pager: _____ Cell: _____

EMERGENCY AND NON-CUSTODIAL CONTACTS (Please list in order of priority)

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Email: _____ Relationship to Child: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Email: _____ Relationship to Child: _____

MEDICAL CARE INFORMATION

1. Any known allergy to food/drugs, insect's stings, poison ivy/other plants, etc?
Yes _____ No _____ Please specify: _____

2. Any known existing illness?
Yes _____ No _____ Please specify: _____

3. Does the participant have any needs requiring special care in order to participate in program/activity?
Yes _____ No _____ Please specify: _____

4. Does participant require prescription medication during program hours?
Yes _____ No _____ Please specify: _____

5. Doctor's Name: _____ Phone #: _____

RELEASE OF LIABILITY

Individuals with disabilities are encouraged to participate in the Keys of Life programs and activities. You may request special accommodations to facilitate your participation/inclusion in these programs. Reasonable accommodations will be made on an individual basis. Please let us know when submitting this application.

In consideration of participation being allowed to participate in the registered lesson(s), program(s) and activity(s), the undersigned hereby releases Keys of Life, its instructors and agents, from any action, claim or demand for personal injury or property loss arising from or due to any negligent act or omission of Keys of Life, its instructors and agents. This release shall have no effect with regard to damages caused by Keys of Life gross negligence. In the event Keys of Life or a volunteer provides transportation for my child, this waiver and release shall extend to and release the volunteer responsible for the expense of medical treatment or service.

AUTHORIZATION

Parent/Guardian: (please print) _____

Signature: _____ Date: _____

Parent/Guardian: (please print) _____

Signature: _____ Date: _____