



Registration

Today's Date _____

Your Child

First Name	M.I.	Last Name	Preferred Name	M	F
Date of Birth	School Attending	Grade	Teacher	Room #	
Street Address	City		State	Zip	
Child's Doctor	Doctor's Phone number	Child's Insurance Card number			

Your Family Contacts

Parent/Guardian

First Name	Middle Name	Last Name
Home Phone	Cell Phone	Work Phone
Place of Work	Occupation	
E-mail Address		

Parent/Guardian

First Name	Middle Name	Last Name
Home Phone	Cell Phone	Work Phone
Place of Work	Occupation	
E-mail Address		

Your Child's Safety

Please list anyone not previously listed who is authorized to pick up your child. I.D. will be required at the time of pick up. Indicate if the person listed may also be contacted in an emergency.

Name	Relationship to Child	Home Phone	Work Phone	Cell Phone	Emergency Contact?
_____	_____	_____	_____	_____	Y N
_____	_____	_____	_____	_____	Y N

Your Child's Health

Does your child take any prescribed medications? **Y N**

If yes, please list: _____

Does your child have any physical impairments that would prevent them from participating in physical activities? **Y N**

If yes, please explain: _____

Does your child have any allergies? **Y N**

If yes, please explain: _____

Does your child Require an Epi-Pen? **Y N**

Please list any special needs your child may have.

Permission Form

1. I hereby give permission for pictures and/or videos to be taken of my child in the program setting for general record-keeping and marketing purposes.

Parent/Guardian Signature _____ Date _____

2. I hereby give permission for sunscreen to be applied to my child prior to outdoor activities.

Parent/Guardian Signature _____ Date _____



Program Registration, Permission & Liability Release

Please read and sign the following statement:

I, _____, the legal guardian, and/or parent of _____, declare that the information contained in this document is true and accurate and that I have received a received information on this program and the activities that are offered. I have been given an opportunity to ask questions about this program and have been fully informed of the activities offered and acknowledge that my child is physically and mentally capable of participating.

Signature: _____ Date: _____

Liability Release Form

In consideration of allowing the previously declared participant(s) to begin participation in Growing Young Minds LLC activities, while on the premises, the undersigned, for themselves, and/or being the legal and acting guardian of participant(s), acting for themselves and on behalf of the participant(s), release and hold harmless Growing Young Minds, LLC, its owners, employees, and agents of and from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises upon which Growing Young Minds, LLC is conducted, or any premises under the control and supervision of Growing Young Minds, LLC, its owners, officers, employees, or agents or in route to or from any of the said premises, or while at any premises or place when activities sponsored by or participated in by Growing Young Minds, LLC, its owners, officers, agents, or employees.

Parent/Guardian Signature _____ Date _____

Assumption of Risk

Participation in physical activities can involve motion, rotation, and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the participant(s) choose to voluntarily enter upon said premises under the control of said limited liability company, knowing their present condition and knowing that said condition might become more hazardous and dangerous during the time the participant or the undersigned is upon said premises. The undersigned and the participant(s) voluntarily assume any and all risks of loss, damage, or injury that may be sustained by the participant(s) and/or the undersigned or any property owner by them while on or upon said premises above.

In signing the Release, the undersigned acknowledges:

- a) That they have read thoroughly, understands completely the terms of Registration and Release, and signs it voluntarily.
- b) That the undersigned signing either for themselves, or as Legal Guardian is, in fact, the true and legal guardian and has the consent of the participant(s).

Parent/Guardian Signature _____ Date _____

Medical Release

The undersigned gives permission for Growing Young Minds, LLC's owners, employees, and/or agents to seek emergency medical treatment for the participant(s) in the event they are unable to reach any parent or guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action.

Parent/Guardian Signature _____ Date _____