

A. Youth Waiver. Completion required by all participants.

Participant Name: _____
Birthdate: _____ Age: _____ Gender: Male Female Date of Admission: _____

B. Primary and Secondary must reside at same Household address. Completion required by all participants.

Household Mailing Address: _____ Zip: _____
Household Home Phone: _____
Household Primary Name: _____
Email: _____ Primary Cell Phone: _____ Primary Work Phone: _____
Household Secondary Name: _____
Email: _____ Primary Cell Phone: _____ Primary Work Phone: _____

C. List any Emergency Contacts other than Household members listed above. Completion required by all participants.

Emergency Contact Name:	Relation:	Home Phone:	Work Phone:	Cell Phone:	Allowed to Pick Up?
					Yes No
					Yes No

D. Child's School, Transportation, Physician & Medical Information. Completion required by all participants.

Name of School Child Attends: _____ School Number: _____
My child, _____, has permission to ___walk, ___ride the bus, ___I will provide transportation to the after school program.
My child, _____, has permission to ___walk home, ___I will pick him/her up, or ___be released to care of a sibling under 18 years of age; (Sibling's Name): _____ Sibling's Cell Phone: _____
Primary Health Care Provider: _____ Provider's Number: _____
1. Any known allergies to food/drugs, insect stings, poison ivy/other plants, etc.? {Yes___}{No___} Please Specify: _____
2. Any known existing illnesses or medical conditions? {Yes___}{No___} Please Specify: _____
Any previous illness or injury, hospitalization in the past 12 months? {Yes___}{No___} Please Specify: _____
3. Please list any physical condition that could restrict activities or have a need requiring special care in order to participate in program activities.
4. For Youth & Children Only: Does Participant require prescription medication during program hours? {Yes___}{No___}
If yes, please complete a Medication Authorization form.

E. Policies & Waivers. Completion required by all participants.

Personal Information Privacy Policy

We collect personally identifiable information, like names, postal addresses, email addresses, etc., when voluntarily submitted by our visitors. The information you provide is used to fulfill your specific request. This information is only used to fulfill your specific request, unless you give us permission to use it in another manner, for example to add you to one of our mailing lists. {email opt out?___}

Image Release Waiver

I hereby consent to allow usage of photographs and video taken during this program and at our sites for publicity purposes in printed materials, and on our website. Photographs remain the property of the Lifepath Church and Club T3. If you do not want to allow photos or videos, then please initial. {opt out?___}

Medical & Liability Release

In consideration of (Print child's name) _____, my minor child(ren) or legal ward (my "child(ren)"), being allowed to participate in the Club T3/Lifepath Church After School Program, and related events and activities, the undersigned hereby acknowledges and agrees as follows:

1. The activities of this program may have significant risk of injury, including potential permanent paralysis and death. Rules, equipment and personal discipline are designed to reduce the risk. However, there is always a risk of serious injury. 2. I will instruct my child(ren) to comply with the rules governing participation in this program. If I have any concern about my child(ren)'s ability to participate in the program, or about the program itself, I will remove my child(ren) from participation and immediately inform the nearest program official of my concern. 3. I, for myself and my child(ren), and for all heirs, assigns, personal representatives, and next of kin of myself and/or my child(ren), HEREBY RELEASE Club T3/ Lifepath Church, their officers, officials, agents, volunteers and employees, the program staff and volunteers, other program participants, sponsors, and sponsoring agencies of the program, and owners and lessors of any premises used to conduct the program ("RELEASEES") FROM ANY LIABILITY FOR ANY INJURY, DISABILITY OR DEATH OF THE MINOR, LOSS OR DAMAGE TO PROPERTY ARISING OUT OF THE PARTICIPATION OF THE MINOR IN THE PROGRAM TO THE FULLEST EXTENT PERMITTED BY LAW. 4. I HEREBY ASSUME ALL RISKS OF INJURY, known and unknown, to my child(ren) arising from participation in the program, AND ASSUME FULL RESPONSIBILITY FOR PARTICIPATION OF MY CHILD(REN). 5. I, for myself and for my child(ren), and for all of the heirs, assigns, personal representatives, and next of kin of the Minor, HEREBY INDEMNIFY AND HOLD FREE AND HARMLESS THE RELEASEES FROM ALL LIABILITIES, LOSS, DAMAGE, COSTS AND ALL OTHER CLAIMS FOR EXPENSES ASSERTED AGAINST THE RELEASEES WHICH MAY ARISE FROM INJURIES TO PERSONS (I.E. MINOR CHILD(REN)) OR PROPERTY OCCASIONED BY ATTENDANCE AT OR PARTICIPATION IN THIS PROGRAM; EVEN IF ARISING FROM THE SOLE NEGLIGENCE OF THE RELEASEES, TO THE FULLEST EXTENT PERMITTED BY LAW. I authorize Club T3 or Lifepath Church to consent to Medical Treatment. No prior determination of life-threatening emergency or danger of serious and/or permanent injury resulting from delay of treatment need be made under this authorization. I have also noted below or attached in written form any health or medical problems with my child(ren). I HAVE READ THIS DOCUMENT IN ITS ENTIRETY, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVEWAIVED SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY, VOLUNTARILY, AND WITHOUT ANY INDUCEMENT.

Please Print Name: _____ Signature: _____ Date: _____