

OMNIBUS: A BOOK CLUB FOR GRADES 3-6

REGISTRATION FORM

(Please Print)

CHILD INFORMATION

Last name:	First:	Current School:
How did you hear about us?		
Birth date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Home phone no.: ()		Grade:
Street address:		
City:	State:	ZIP Code:

MAIN CONTACT INFORMATION

Last name:	First:	Home #: ()	Cell #: ()
Last name:	First:	Home #: ()	Cell #: ()
Street address of Contact 1:			Relationship:
City:	State:	ZIP Code:	Email:

IN CASE OF EMERGENCY

Health Insurance Policy Number:	
Name of local friend or relative (not living at same address):	Relationship:
Home #: ()	Cell #: ()
Patient/Guardian signature:	

HEALTH INFORMATION

Please note here any allergies, health issues, physical disabilities, learning disabilities and/or behavioral issues of which Thomas Jefferson School should be aware.

WAIVERS

PARTICIPATION

I give permission for my child to participate in activities as authorized by the Thomas Jefferson School (TJS). I give permission for the TJS to use any pictures of my child for future promotional purposes.

MEDICAL TREATMENT

I hereby give permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a qualified staff member of the TJS. In the event I cannot be contacted, I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further consent to the disclosure of health information and to the medical, surgical and hospital care treatment and procedures (including, but not limited to, administration of necessary anesthetics, tests, x-rays examinations, transfusions, injection, drugs) to be performed for my child by a licensed physician or hospital selected by the TJS director deemed immediately necessary or advisable by the physician to safeguard my child's health.

RELEASE FROM LIABILITY

Recognizing that TJS will do its best to ensure a safe experience, I understand that accidents may occur both from my child's participation in program activities. I agree to assume these risks. By signing below, I released the TJS, its employees, the volunteers, independent contractors, directors and agents from all liability based on any damage, loss or injury whether it is a result of ordinary negligence or otherwise, caused to my child or to me from participation in this program.

PHOTO RELEASE

The applicant hereby gives permission for the TJS to use, without limitation or obligation, photographs or other media that may include my child's image or voice to promote or interpret TJS programs.

I have read and understand the above and have completed this form to the best of my ability.

Signature of parent or legal guardian: