



# REGISTRAION 2012-13

## STUDENT(S) INFORMATION

Childs Name:	
Childs Date of Birth:	Age:
Childs Name:	
Childs Date of Birth:	Age:
Childs Name:	
Childs Date of Birth:	Age:

## PARENT/GUARDIAN INFORMATION

Parent/Guardian Name:	Cell Phone:	
Parent/Guardian Name:	Cell Phone:	
Home Phone:		
Family Email:		
Home address:		
City:	State:	Zip:

## EMERGENCY CONTACT

Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

## CAMP/CLASS

Childs Name	Camp or Class /Age Group	Cost
		<b>Total:</b>

# MEDICAL RELEASE FORM

NOTE: ONE MEDICAL RELEASE FORM PER CHILD IS REQUIRED

## STUDENT(S) INFORMATION

Childs Name:

Childs Date of Birth:

Age:

## PARENT/GUARDIAN INFORMATION

Parent/Guardian Name:

Parent/Guardian Name:

## PHYSICIAN INFORMATION

Family Physician Name:

Phone:

Preferred Hospital:

## MEDICAL CONDITIONS, INFORMATION AND/OR ALLERGIES WE SHOULD BE AWARE OF:

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named child. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment.

In the event it becomes necessary for Discovery Village, LLC to obtain emergency care for my child, neither the staff or Discovery Village assumes financial liability for expensed incurred because of the accident, injury, illness and/or unforeseen circumstances.

The undersigned client hereby acknowledges that he/she proceeds at the client's own risk, and indemnifies and holds harmless Discovery Village, LLC, its employees, owners and agents, for any injury, act, or liability, whether intentional or otherwise, that occurs to the client or his/her family as a result of the use of the services and premises provided by Discovery Village, LLC. This includes but is not limited to bodily injury, mental distress, financial loss, loss of personal property and all other forms of loss.

\_\_\_\_\_  
Signature of Parent/legal guardian of child

\_\_\_\_\_  
Date

# CONSENT FOR PICKUP

## STUDENT(S) INFORMATION

Childs Name:

Childs Name:

Childs Name:

## PARENT/GUARDIAN INFORMATION

Parent/Guardian Name:

Parent/Guardian Name:

I/we \_\_\_\_\_ (parents/guardians) authorize the following individuals to pick up my/our child when I/we are unavailable. If there is a change in this schedule, we will inform Discovery Village in writing. I/We also realize that anyone not on this Consent Form cannot pickup my/our child. Discovery Village will not release a child to anyone other than a parent or someone named on consent for pick up form.

Name of individual authorized for pick-up	Phone number of authorized pick-up	Relationship to child

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent/legal guardian of child

Date