

AGAPE MINISTRIES - KIDZ/TEEN TOWN

2009 - 2010 Enrollment Form and Authorization for Medical Treatment

Today's Date ___/___/___

3231 Immunization record

Child's T-Shirt Size (no exchanges) S, M, L, XL

Child's Name _____

Child's Age _____ Date of Birth: _____ Sex: _____ Child's Grade: _____

Home Address: _____ City _____ Zip _____

Home Phone: _____ E-mail: _____

Mother's Name: _____ May child be released to mother? (If No - Documentation is required for file)

Home Address: _____ City _____ Zip _____

Place of Employment: _____

Work Phone: _____ Cell: _____

Father's Name: _____ May child be released to father? (If No - Documentation is required for file)

Home Address: _____ City _____ Zip _____

Place of Employment: _____

Work Phone: _____ Cell: _____

Child's Living Arrangement: () Both Parents () Mother () Father () Other: _____

Child's Legal Guardian(s): () Both Parents () Mother () Father () Other: _____

The Child May Be Released to the person(s) signing this Agreement or to the following:

Name	Address (MANDATORY)	Phone	Relation to Child

Person(s) to Contact in Case of Emergency, if Parent(s) Cannot be Reached:

Name	Address	Phone	Relation to Child

Name of School Child Attends: _____

Name of Church your Family Attends: _____

How did you find out about us? Friend Mailing Other: _____

Medical Information and Authorization

My child has the following special need(s): _____

My child is currently on medication(s) prescribed for long term, continuous use and/or has the following pre-existing illness, allergies, or health condition(s): _____

I (We) agree to keep the facility informed of any changes in telephone numbers, etc. where I can be reached. The facility agrees to keep me informed of any incident(s) requiring professional medical attention involving my child.

Child's Physician / Clinic Name

Telephone Number

Name of Child's Medical Insurance Company

Policy Number

* Immunization form 3231 along with your payment **MUST** be turned in with your child's registration form.

LIABILITY RELEASE

As parent or legal guardian of the below named participant, I give permission for my child to attend the activities and/or events that **AGAPE MINISTRIES/KIDZ TEEN TOWN** will be conducting during 2009/2010 enrichment program. The participant and his or her parents/legal guardians will decide whether the individual will participate in any particular event during the year. If the participant and his or her parents/legal guardians elect to participate in any particular youth activity during 2009/2010, this authorization and consent shall apply. I understand that transportation from school to **AGAPE'S** location will be provided as well as to and from functions locally and outside of Stockbridge, GA and will involve activities in which an adult will work with a group of youths. The adult will **NOT** be able to provide individual attention and supervision to each participant at all times.

I, as parent or legal guardian, and on behalf of the below named participant, hereby release, hold harmless and indemnify **AGAPE MINISTRIES/KIDZ TEEN TOWN**, its officers, directors, employees, agents, partners and volunteers from and against any and all claims, causes of action, actions and/or liability of every nature and kind pertaining to such activities, wave and relinquish whatever right either I may have or which might otherwise occur against **AGAPE MINISTRIES, KIDZ TEEN TOWN**, its officers, directors, employees, agents, partners, and volunteers.

Provided the medical care and treatment of the participant is on the advice of a licensed physician, I authorize and request all physicians, hospitals, or other providers of medical services to follow the instructions of any person identifying himself or herself of an adult supervisor of the youth for **AGAPE MINISTRIES/KIDZ TEEN TOWN**, at any time and under any circumstances whatsoever, I understand that the authorization and consent herein provided includes any x-ray examination, anesthetics, medical or surgical diagnosis or treatment, and hospital care rendered to the participant under the general or special supervision or on the advice of a licensed physician, surgeon and anesthesiologist, dentist, or other qualified medical personnel acting under their supervision.

The consent, waiver, authorizations indemnification and release provisions hereof shall remain in full force and effect until written notice of revocation is received by **AGAPE MINISTRIES/KIDZ TEEN TOWN** and its office in Stockbridge, GA.

I HEREBY ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE WITH THIS RELEASE OF ALL LIABILITIES AND THE AUTHORIZATION OF MEDICAL TREATMENT BY A LICENSED PHYSICIAN AND THAT A PHOTOCOPY OF THIS DOCUMENT SHALL SERVE AS THIS ORIGINAL.

By signing this application, I agree to all financial policies listed on the information sheet.

Parent Signature: _____

Date: _____