



KID'S CLUB - REGISTRATION FORM

Please indicate session(s) for which you are registering:	RICHMOND KID'S CLUBS		
	<u>JUNE : Friday 6/15</u> <u>½ Day at 3 Lakes Park</u> <input type="checkbox"/>	<u>JULY : Tuesday 7/10</u> <u>Kings Dominion</u> <input type="checkbox"/>	<u>AUGUST : Tuesday 8/14</u> <u>TEEN TAKEOVER</u> <u>Chesterfield Challenge Course</u> <input type="checkbox"/>
Child's Name: First:		Last:	
Age:	Date of Birth:	Sex:	Grade:
If necessary please list special instructions for staff to know:(i.e. food allergies, behavior accommodations)			
Parent Name: First:		Last:	
Email:	Phone: Cell-	Home-	Work-
Address:			
Parent Name: First		Last	
Email:	Phone: Cell-	Home-	Work-
Address:			

- 1) I give permission for my child _____, to be transported by CHS staff and/ or approved volunteers and to participate in the Kid's Club activities. I furthermore agree and understand that by giving permission to participate in the activities, I hereby irrevocably and unconditionally release and waive all claims of any nature now or hereafter existing, whether know or unknown, against Children's Home Society of Virginia and all of its employees, officers, directors, volunteers, sponsors and/or affiliates. Including all claims that may arise in whole or in part due to the negligence of any of the released parties, to the fullest extent permissible by applicable law. Initial _____
- 2) I give permission for my child to be photographed/video recorded during Kid's Club activities. These photographs/video recordings may be posted on the CHS website, CHS materials or CHS social media. Only first names will be utilized to identify the child if the photo/video is to be labelled. Initial _____
- 3) I would like to have my address and name shared with other Kid's Club parents for carpooling purposes only.
 Yes or No _____
 If yes, Please indicate the area that best describes where you live _____.
- 4) **MEDICAL AUTHORIZATION AND MEDICAL INSURANCE.** I authorize CHS to obtain medical care for the Child and/or transport or arrange to transport the Child to an appropriate medical facility if medical attention appears to be necessary. I further authorize a medical care provider to carry out any emergency medical care of the Child. I agree to pay all costs associated with such medical treatment and related transportation for the Child. I agree that the Child has health insurance to pay any medical bills incurred for personal injuries at Kid's Club and waive any right of subrogation against CHS. To the fullest extent allowed by law, I agree to pay without right of subrogation, all uninsured medical expenses incurred by the Child as a result of their participation in Kid's Club, even if the expenses result from the alleged negligence of CHS.

 (Emergency Contact)

 (Phone Number)

 (Parent/Guardian Signature)

 (Print Name)

 (Date)