

*Adventures for Kids!*

REGISTRATION INFORMATION

Please fill out one form for each child you are registering

Youth name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent name \_\_\_\_\_ home phone \_\_\_\_\_ work/cell \_\_\_\_\_

Home address \_\_\_\_\_

Mailing address \_\_\_\_\_

PERMISSION STATEMENT

I release and discharge West County Community Services and all of its agents participating in Adventures for Kids from any claims or demands which I may have now or at any other time in the future resulting from illness, injury or occurrence as a result of participation in Adventures for Kids. I understand that the transportation for emergency first aid or emergency medical treatment will be administered if necessary.

I give my permission for my child \_\_\_\_\_ age \_\_\_\_\_ to participate in Community Family Service Agency's Adventures for Kids program. I am aware that some of the Adventures involve swimming, hiking, and other activities that may involve a risk of injury.

I have read, understand, and agree to the above release.

In case of Emergency, please notify:

\_\_\_\_\_  
Parent/Guardian signature Relationship Date

\_\_\_\_\_  
Parent/Guardian signature Relationship Phone

