

LAST INITIAL

SITE: (circle one)

ERIE

ALLEGHENY-
CRAWFORD

LEGO SOCIAL CLUB

Sponsored by Auto Racers for Kids

Office Use:

GF/CF

ALLERGY

REGISTRATION & MEDICAL RELEASE FORM

(Please Print)

Child's Last Name: _____

Child's First Name: _____ Grade: _____ DOB: _____

Verbal Ability: _____

Mother's Name: _____ Cell #(____) _____

Father's Name: _____ Cell #(____) _____

Home Phone Number: (____) _____

Current Address: _____

City _____ State _____ Zip _____

Email: _____

Emergency Contact Name/Number: _____

(if we cannot reach you) (____) _____

Family Physician _____ Phone # _____

Allergy/Medical/Behavior/Illness/Medication Information _____

It is understood that parents/guardians, or their agents will be called upon to give additional authorization if advanced treatments are necessary.

In the event that the parent/guardian or their agent is not present, I hereby authorize Autism Society NWPA, or anyone they may designate to authorize treatment for my son/daughter _____ for injuries or illness he/she may incur while participating in activities at Autism Society NWPA.

I authorize necessary treatment and admission for any hospitalization designated by Autism Society NWPA, or their designate.

(Back of form must be signed)

ABSOLUTE RELEASE OF LIABILITY - I recognize the potential for injury which can occur in engaging in activities offered and sponsored by the Autism Society Northwestern Pennsylvania. I hereby consent to myself, the named participant and any other parent or guardian to participate in activities with other participants on equipment used by Autism Society NWPA, and do hereby, for myself, the above named participants and any other parent or guardian, waive and release any and all rights and claims for damages that I, the above named participant, or other parent/guardian may have at any time against Autism Society NWPA, or any of its agents for any injury or damages in connection with me or the attendees' association with activities with other individuals or any other activity associated with or sponsored by Autism Society NWPA.

I understand, as the parent or guardian of the named participant, I am responsible for all property damage caused by the named participant, my attendees, and/or me. I agree to replace, at my own expense, or to reimburse the Autism Society NWPA for all losses, breakage or required repairs that were caused by my named participant, my attendees, and/or me.

PARENT/LEGAL GUARDIAN SIGNATURE

____/____/____
DATE

PHOTO CONSENT - I grant permission to all forgoing to use any photographs, motion pictures, recording, or any other records of this event for any legitimate purpose. The photos would be use to promote and share the Auto Racers for Kids LEGO Social Club on social media to include Facebook and Instagram and our website.

(Initials)