



LIVES IN TRANSITION MENTORING AND DEVELOPMENT PROGRAM

REGISTRATION FORM

Participant's Name: _____

Birthdate: _____ Sex: _____

School _____ Grade: _____

Interest/Hobbies: _____

Is your child a part of any extra-curriculum programs/activities? Yes ____ No ____

Name of Extra-curricular organization _____

Parent/Guardian Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

I, _____ grant permission for my child,
(Parent or Guardian's Name)

_____ to participate in Lives in Transition Mentoring Program
(Child's Name)

For the small membership fee of \$25 monthly (per family), due by the 7th of each month via online submission at livesintransition.org or via check: made payable to *lives in transition*.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Lives in Transition, its officers, directors, employees, agents, employees, chaperones, volunteers, or representatives associated with the organization, from any claim arising from or in connection with my child attending the sessions/events or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the organization, its officers, directors, agents, employees, agents, chaperones, volunteers or representatives associated with the organization for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the organization.

Signature: _____
(Parent or Guardian's Name)

Date: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

Please list any known conditions/illnesses:

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & Relationship: _____ Phone: _____

Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

(Parent or Guardian's Name)

Medications: No medication of any type, whether prescription or non-prescription, will be administered to any child while participating in Lives in Transition sessions/events.