



Parents voluntarily register their children for participation in School of Enrichment's Drop 'N Hop Event –Parents are required to complete and sign the medical release, liability release and registration form for each child participating. Children will not be accepted into the program without completed and signed forms.

For More Information: schoolofenrichment@gmail.com 541.771.1257

EVENT REGISTERING FOR: _____

Child's Name:

(last name, first name, middle initial)

Parents

Names: _____

Address:

EMAIL: _____

Home Phone: _____ CELL: _____ Second CELL: _____

Work: _____

Other persons to contact if we can't reach name above:

(Name)

Relationship: _____ Phone: _____ CELL: _____

(Name)

Relationship: _____ Phone: _____ CELL: _____

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Release of Liability and Acknowledgment and Acceptance of Liability through Participation.

By signing this agreement, I hereby acknowledge that I have knowingly and willingly entered my child in this event, through School of Enrichment.

Signature: _____ Printed name: _____

Dated _____, 20__.



Allow any images, photos, video images, audio recording from these events to be used for marketing, advertising or any other purpose deemed necessary to promote or market, instruct or enhance the organizations listed above and their audience or groups or potential groups or audiences.

In consideration for the right to enter the property premises, I hereby release and agree to protect, indemnify and hold harmless the landowner, land manager, director, owner, leader and his or her respective heirs, agents, employees and assigns from and against any and all claims, demands, causes of action and damages, including attorneys' fees, resulting from any accident, incident or occurrence arising out of, incidental to or in any way resulting from the use of the land premises and all improvements thereon, instruction or event, whether or not caused by the Instructor negligence or gross negligence. This release applies during the time that I/they are/am permitted on the premises. I hereby further covenant and agree that I, my heirs, successors and assigns will not make any claim or institute any suit or action at law or in equity against the Instructor or his or her respective heirs, agents, representatives, employees, successors or assigns by reason of conditions of the premises or activities occurring thereon.

As used in this release, the terms *I*, *my person* and *myself* include minors in my care while on the premises.

Date and signed this _____ day of _____, 20____.

(Parent / Guardian)

(Printed Name)

Medical Release Form School of Enrichment's Drop 'N Hop

Parents voluntarily register their children for participation in School of Enrichment's Drop 'N Hop. Parents are required to complete and sign the medical release form for each child registered to participate. Children will not be accepted into the program without this completed and signed form.

Child's Name: _____
(last name, first name, middle initial)

Person to contact in Emergency: _____

Relationship: _____ Phone: _____ FAX _____

Other person to contact if we can't reach name above:

(Name)

Relationship: _____ Phone: _____ FAX _____

Medical File Information:
Your family physician or medical office: _____
(Name of doctor or medical office)

Address: _____

Phone number: _____



Please check if your child has any of these health problems. We need to be prepared.

Epilepsy _____ Heart condition _____ Diabetes _____ Allergy _____

Does your child have other health problems we should be aware of: Yes No
(circle one)

If yes, please explain
here: _____

Is your child on medication: (circle one) Yes No

If yes, please list all medications: _____

Medical Insurance Coverage? (circle one) Yes No

Company Name: _____

Policy number: _____ Phone number: _____

I hereby release School of Enrichment and The Downtown Phoenix Inn owner, management and staff from responsibility in case of illness, accident, or injury. I further give permission to any physician, hospital, or other medical facility to provide treatment to my child in the event of a medical emergency.

Parent/Guardian Signature _____ Date: _____

Parents: Do Not Complete Bottom Portion of Form

School of Enrichment Staff

Medical File Information on file : YES _____ NO _____

LIABILITY on file : YES _____ NO _____

PAYMENT:

Check Number: _____ Cash: _____ Raffle: _____