



**DATE:**

/   /

**CHILD INFORMATION**

**Child Name:**

**Nickname :**  **City/State:**

**Date of Birth :**   /   /   **Zipcode:**

**Age:**  **Emergency Contact:**

**Gender :**  **Male**  **Female** **Phone #:**

**Email:**  **Alternative Pick-Up Phone #:**

**Cell Phone:**  **Allergies:**

**Work Phone:**

**Present Address :**

**Rc3 Member Type:**  **{Ex. Family or Parent w/child.}**

**Permission Request:**

**Guardian Name:**  **Date:**   /   /

I hereby release the Rhea Community Center from all liability of any kind of personal injury or property damage due to participation in this program. I certify that my child is in good health and can participate in all activities. If any attention is required for illness or injury, I give permission to a staff member for such care. I hereby grant Rc3 the unrestricted right to use and publish photographic images of my child, or in which he/she may be included, for marketing materials, Rc3 websites or Rc3 social networks, editorial trade advertising, and any other lawful purpose related to the Rc3.

Signature of Guardian: \_\_\_\_\_

**Please Complete the Following:**

1. I/ we will be responsible for payment of medical expenses.
2. Medical treatment cost are covered by:

**Insurance Co.**

**Child's Physician/Clinic:**

Signature of Guardian: \_\_\_\_\_