



**PROGRAM REGISTRATION
RELEASE, AUTHORIZATION & POLICIES**

Child's Name: _____ Age: _____ School: _____

Family/Child Physician: _____ Phone: _____ AHC#: _____

Parent/Guardian's Names: _____

Parent/Guardian Address: _____ E-mail: _____

Parent/Guardian Phone Numbers: (H): _____ (C): _____ (W): _____

Information that the instructor(s) should be aware of: (E.g., medical, behavioral, etc...):

MEDICAL TREATMENT PERMISSION

If your child requires immediate medical services he/she will be transported to the nearest medical center or hospital emergency unit. Payment for services will be the responsibility of the parent or guardian. The Instructor at the event will contact you at the earliest possible time in the event of an emergency. Thank you for your cooperation.

RELEASE OF CLAIM

I, do hereby agree to indemnify and hold harmless, release, and discharge the sponsoring organization of said Bricks 4 Kidz® Class from any and all claims for personal injuries or property damage occurring to or sustained by myself/and or my child, while participating in said activity including any and all consequential damage claims which I may be entitled to recover from said injury or property damage claim.

PHOTO RELEASE

I, do hereby consent and agree that Bricks 4 Kidz® has the right to take photographs of my child and to use these on the company website (www.bricks4kidz.com) and promotional material without compensation. Your child's name and identity will not be revealed. If you would prefer we do not photograph your child please notify us via e-mail at arego@bricks4kidz.com.

AUTHORIZATION FOR PICK UP

Adults allowed to pick-up my child from camp (other than those listed above) ID verification will be required:

Name: _____ Phone: _____ Name: _____ Phone: _____

Relationship to child: _____ Relationship to child: _____

Your signature below indicates you have read, understood and agree with the parent handbook and Bricks 4 Kidz® policies listed.

Signature of Parent and/or Guardian: X: _____ Date: _____

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