

Registration and Parental Consent Form

HLO KidCo and HLOC
1/1/2018 - 12/31/2018

Student's Full Name _____ Preferred name for class use _____
Mailing Address _____ City _____ Zip _____
Date of Birth ____/____/____ Grade in School _____ School _____

Parent/Guardian Name _____
Phone during day _____ eve _____
Email _____ Best way to get a hold of you : Email Phone Text
Additional Parent or Guardian Name _____ Day Phone _____

Emergency Contact Name _____ Phone _____
Other people allowed to pick up student: _____

List and explain physical, medical or mental conditions/limitations your child may have of which we should be aware _____

(Please note: only the listed people above are allowed to sign your child out at the end of each class period.)

Permission for Medical Treatment _____

I, the undersigned, am a parent or guardian of the above student. I have the legal right and hereby give permission to any representative of HLO KidCo / HLOC to seek medical help for said child while in an HLO KidCo/HLOC activity.

Permission for Photos and/or Recordings of Minor _____

I have legal right and hereby give my permission for HLOC to use any photos or recording of the above student.

HLO KidCo and HLOC does not carry medical insurance for participants.

Please read and sign the Release Form on the back of this form.

Parent or Legal Guardian Signature

Date

(This form will be kept on file until the end of the current year.)