

BOTH THE REGISTRATION AND THE EMERGENCY FORM MUST BE COMPLETED TO REGISTER YOUR CHILD

College Bound for Kids Release/ Registration Form

Child's Name: _____ Upcoming Grade: _____ School: _____

Release Information:

Who will be responsible for picking up the child? _____

Alternate person(s) authorized to pick up child:

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Please list any other family members who participate in the program: _____

Release of Liability

I hereby release and hold harmless College Bound for Kids, its agents, employees, officers, directors, sponsoring groups or agencies from any and all liability which may result from my child's participation in the program. I understand that payments are due in full on the 1st of the month or by the 1st day of each week, and I have seen the payment schedule for late payments. I am also aware of the \$40 additional fee for any returned checks. If my child cannot conform to the structure of the program, I will be asked to remove him/her from the program and will not be issued a refund. College Bound for Kids has a NO REFUND POLICY; there will be no exceptions. We do not give credit or make-up days for your child's absence. Parents are responsible for the entire monthly/weekly fees regardless of holidays, absences, vacations or payments made by third parties. CBFK is not responsible for lost or stolen items.

Signature of Parent/Guardian

Date

CBFK staff has permission to take whatever steps they deem appropriate to obtain medical care for our child in the event of illness, accident, or injury. In this connection, we understand that they will attempt to contact us and that, if they find it necessary, they will call the child's doctor, or another doctor, call an ambulance, or have our child taken to a hospital in the company of a staff member, as they deem appropriate. We, the parents/guardians agree to be responsible for any expenses incurred in obtaining such medical care, and we hereby release College Bound for Kids from all liability in connection with their actions pursuant to authorization.

Signature of Parent/Guardian

Date

Parent Consent Release forms

CBFK staff has permission to access my child's homework/report cards/class schedules, grades/test scores and/or conference with teachers to better support his/her academic achievement.

Signature of Parent/Guardian

Date

Photography

I authorize College Bound for Kids to use my child's photograph and/or name for the purpose of advertisement, display or educational purposes.

Signature of Parent/Guardian

Date

Release without a signature – (OPTIONAL – PLEASE READ CAREFULLY)

I hereby authorize College Bound for Kids, its employees, officers, and directors to release my child without a parent/guardians signature from the program to wait outside, walk or take public transportation home. I hereby hold them harmless from any and all liability resulting from my child's dismissal from the program.

Signature of Parent/Guardian

Date

COLLEGE BOUND FOR KIDS (CBFK) - - EMERGENCY FORM

OOHG WQTHE COLLEGE BOUND FOR KIDS PROGRAM.

CONSENT TO TREATMENT OF MINOR AND AUTHORIZATION TO "COLLEGE BOUND FOR KIDS" TO GIVE SUCH CONSENT.

CHILD'S NAME: _____

The undersigned, as parent or legal guardian of the child registered on this form, hereby authorizes College Bound for Kids (CBFK) and its Delegated Leaders and Directors to consent to any medical and hospital care to be rendered to said Minor upon advice of a licensed Physician. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. It is understood that if time and circumstances reasonably permit, College Bound for Kids will endeavor, but is not required, to communicate with me prior to such treatment. The undersigned further agrees that CBFK and its Designated Leaders and Directors are not legally or financially liable for any claim arising from any consent given in good faith in connection with such diagnosis or advised treatment. This authorization and consent of treatment of minor is given to CBFK in connection with any authorized event.

PLEASE NOTE: College Bound for Kids does not carry accident insurance on program participants. All expenses incurred in the treatment of injury due to accidents will be the responsibility of the parent, guardian or their assigned insurance carrier.

Signature of Parent/Guardian _____ **Date:** _____

Medical Insurance Company _____ **Policy#:** _____

Family Physician: _____ **Phone:** _____

PERMISSION TO PARTICIPATE IN THE COLLEGE BOUND FOR KIDS PROGRAM

I do hereby give permission for my child, _____ to participate in the College Bound for Kids program. I understand the risk involved in respect to such program and will assume responsibility and waive all rights to any liability claim against College Bound for Kids or its agents for injuries incurred in connection with said program. I further certify that my child is in good health and may participate in said program.

Signature of Parent/Guardian: _____ **Date:** _____

EMERGENCY INFORMATION

Name of Minor: _____ **Birth date:** _____

Address: _____ **City:** _____ **Zip:** _____

GUARDIAN #1: Name: _____ **Drivers License #:** _____

Home #: _____ **Cell #:** _____ **Work#:** _____

Email: _____ **Place of Employment:** _____

GUARDIAN #2: Name: _____ **Drivers License #:** _____

Home #: _____ **Cell #:** _____ **Work#:** _____

Email: _____ **Place of Employment:** _____

EMERGENCY CONTACTS:

Name: _____ **Relationship:** _____ **Phone:** _____

Name: _____ **Relationship:** _____ **Phone:** _____