

2024 Summer Program Application/Agreement/Field Trip slip



Summer school site: _____ Grade: _____

Name of Child _____ DOB: _____ School: _____

Address: _____ Phone: _____

Parent/Guardian _____ Cell: _____ Email: _____

Parent/Guardian _____ Cell: _____ Email: _____

If we are unable to reach the parent/guardian listed at the above phone numbers, whom should we call?

EMERGENCY CONTACT/RELEASE INFORMATION

Contact Name _____ Phone: _____ Relationship: _____

Contact Name _____ Phone: _____ Relationship: _____

Contact Name _____ Phone: _____ Relationship: _____

Are there any Medical needs we need to be aware of? (Circle one) No Yes

Medical Needs: (Allergies/Special Needs/Sensitivities/Learning Difficulties) : _____

Release of Liability:

I/We authorize Kids 4 College to release my child to any of the above individuals listed as an Emergency Contact/Release Information. The above listed individuals must be 18 years or older.

I hereby release and hold harmless Kids 4 College, College Bound for Kids (CB4K), IUSD and their agents, employees, officers, directors, contractors, sponsoring groups and/or agencies from any and all liability which may result from my child's participation in the program. I hereby waive any and all claims.

I/We give permission for the child named above to be filmed or photographed. I understand that all film or photos will only be used for the purpose of publicizing the daily activities, brochure/website advertisement, classroom display and/or educational or enrichment purposes.

Kids 4 College 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 first 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 Kids 4 College, College Bound for Kids, IUSD and their agents, employees, directors, contractors and officers from all liability in connection with their actions pursuant to authorization. I hereby acknowledge the existence of the assigned risk associated with all programs for children and the areas where such activities and programs take place. I am aware that Kids 4 College works in large group settings and does not offer individualized assistance to students.

I am aware that the Summer Program takes field trips during the week and consent for my child to ride on the bus and attend and participate in all activities and field trips if in attendance. K4C, CB4K, and IUSD are not responsible for lost, damaged or stolen items.

I am an authorized adult that gives permission for the child listed above to attend Kids 4 College. I have read the release of liability and the form in its entirety; I agree with the terms, and I am authorizing them to participate in the program.

Parent/Guardian's Name (Print)

Parent/Guardian's Signature

Date

Site Coordinator's Name (Print)

Site Coordinator's Signature

Date