



## Lake Martin Trailblazer Registration Form

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

|                                                                                                                       |               |                |           |       |              |          |
|-----------------------------------------------------------------------------------------------------------------------|---------------|----------------|-----------|-------|--------------|----------|
| Youth's First Name                                                                                                    |               | Middle Initial | Last Name |       | Phone Number |          |
| Address                                                                                                               |               |                | City      |       | State        | Zip Code |
| Sex:                                                                                                                  | Date of Birth | Name of School |           | Grade | Email        |          |
| Membership Status: New Member _____ Returning Member _____ PROGRAM NAME: <b>WANDERERS PROGRAM</b> Group<br>Name _____ |               |                |           |       |              |          |

Father or guardian name \_\_\_\_\_

Mother or guardian name \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

Phone# \_\_\_\_\_

Phone # \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Employer # \_\_\_\_\_

Employer # \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_



## Lake Martin Trailblazer Registration Form

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

|                                   |                                                                   |
|-----------------------------------|-------------------------------------------------------------------|
| Emergency Contact:<br>Name: _____ | Emergency Contact<br>Name: _____                                  |
| Address: _____                    | Address: _____                                                    |
| Phone: _____                      | Phone: _____                                                      |
| Relationship: _____               | Relationship _____ <b>Persons authorized to pick up my child:</b> |
| <b>Name:</b> _____                | <b>Name:</b> _____                                                |
| <b>Relationship:</b> _____        | <b>Relationship:</b> _____                                        |

|                                                    |                            |
|----------------------------------------------------|----------------------------|
| <b>Persons NOT authorized to pick up my child:</b> |                            |
| <b>Name:</b> _____                                 | <b>Relationship:</b> _____ |



## Lake Martin Trailblazer Registration Form

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

The following information is used for statistical purposes only

|                                                                                                                                                                                                                                        |                                                                                       |                                                                                                                                                                                                                                                      |                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <b>Ethnic/Racial:</b><br>→ Asian<br>→ Black/African -- American<br>→ Hispanic<br>→ Multi Racial<br>→ Native American<br>→ Native Hawaiian/Pacific Islander<br>→ White/Caucasian                                                        | <b>Total # in family (living in household)</b><br>→ 2-3<br>→ 4-5<br>→ 6-8<br>→ Over 8 | <b>Household Income:</b><br>→ Under \$15,000<br>→ \$15,001 - \$25,000<br>→ \$25,001 - \$40,000<br>→ \$40,001 - \$55,000<br>→ \$55,001 - \$70,000<br>→ Over \$70,000                                                                                  | <b>Disabilities:</b><br>→ Physical _____<br>→ Developmental _____<br>→ Other _____<br>→ Other information you would like to share _____ |
| <b>Parents we NEED you! I am interested in the following:</b><br>→ Joining the Board<br>→ Volunteering when needed<br>→ Participating in Fundraising<br>→ Drive for outings<br>→ Arrange for trips or special events<br>→ Other: _____ |                                                                                       | <b>Photo:</b><br>You have my permission to use photographs in which my child (or ward) appears in for Lake Martin Trailblazers publicity: this includes, social media, websites, and print media.<br>→ Yes<br>→ No<br><br>Signature _____ Date _____ |                                                                                                                                         |



## Lake Martin Trailblazer Registration Form

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

Child's Name \_\_\_\_\_ Parent Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Family Dentist \_\_\_\_\_

Name of any known allergies: Food \_\_\_\_\_ Drugs \_\_\_\_\_ Plants \_\_\_\_\_ Animals \_\_\_\_\_

Insects \_\_\_\_\_ Other \_\_\_\_\_ Explain reaction and indicate medication used \_\_\_\_\_ (Any medication needed

for allergies should be with child at all activities)

Type of medical insurance \_\_\_\_\_ Contract # \_\_\_\_\_ Employer through which

insurance is received \_\_\_\_\_ If there is any question about activity restriction,

attach a statement from physician indicating restrictions and noting any pertinent recommendations.

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

### GENERAL RELEASE AND MEDICAL RELEASE

I, \_\_\_\_\_, being fully aware of the potential risk and dangers of participation in program activities, do voluntarily participate and take part in said program of activities recognizing and acknowledging the risk of injuring myself or others for whom I may be legally responsible. In consideration of having the opportunity to be a part of program activities with Lake Martin Trailblazers, I do hereby fully release and discharge Lake Martin Trailblazers, its employees, agents, office managers, members, related companies, volunteers, servants, successors, and assigns from any and all claims, demands, rights, causes of action, damages, expenses and compensation of every kind whatsoever and including, without limitation, all liability for damages or injury of every kind, nature or description, including contagious or infectious disease, whether foreseen or unforeseen, known or unknown which may hereafter, arise from or out of injuries and damages occurring during said programs, to include but not be limited to applicable periods of class and sojourn. In the event I am injured, I hereby authorize and consent to any basic first aid treatment and / or x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered under the general or special supervision and on the advice of licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision should any medical treatment become necessary during the aforesaid period. I do further authorize and appoint Program Staff with full power of attorney to exercise and authorize the consent herein for such treatment at any hospital or other medical institution whose services are needed for such proper care and treatment. I do hereby release and discharge Lake Martin Trailblazers and Program Staff from any and all liability resulting from the reasonable exercise of said power of attorney.

Participant Signature \_\_\_\_\_ Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_



## Lake Martin Trailblazer Registration Form

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN