



# GIVE BACK GARAGE

## AFTER-SCHOOL PROGRAM REGISTRATION FORM

### PARTICIPANT INFORMATION

Last Name, First Name and Middle Initial		Date of Birth: MM/DD/YY	Age
[ ] M [ ] F	Sex	School Attending	Current Grade
Participant's Cell Phone Number:		Participant's Email Address:	

### PARTICIPANT MEDICAL INFORMATION

(Please check only those that apply)

#### [ ] NO MEDICAL CONCERNS

[ ] Asthma	Requires medication/inhaler? [ ] Yes [ ] No [ ] Daily [ ] As Needed [ ] With Exercise	Name of medication: _____
[ ] Allergies	To What? _____ [ ] Hives/Rash [ ] Benadryl [ ] Epi-Pen [ ] Difficulty Breathing	
[ ] Diabetes	[ ] Type I [ ] Type II Medications: [ ] Oral [ ] Injection [ ] Pump [ ] Independent in Diabetes Self-Care [ ] Needs Daily Assistance	
[ ] Activity Restrictions	Please Specify: _____	
[ ] Seizure Disorder	Date of Last Seizure: _____ Seizure Type: _____	
[ ] Other conditions, disabilities or medications: _____		

### PROGRAM / ACTIVITY OF INTEREST

Programs/Activities of Interest.

[ ] Give Back Garage After-School Shop Program

### ADULT INFORMATION

#### Parent/Guardian (Primary Contact):

First Name	Last Name	Relationship to Participant	
Address	City	State	Zip Code
Please check best phone number to contact you:			
[ ] Cell Phone	[ ] Work Phone	[ ] Home Phone Number	

#### Parent/Guardian (Secondary Contact):

First Name	Last Name	Relationship to Participant	
Address	City	State	Zip Code
Please check best phone number to contact you:			
[ ] Cell Phone	[ ] Work Phone	[ ] Home Phone Number	

### IN CASE OF EMERGENCY

First Name	Last Name	Relationship to Participant	
Home Phone Number	Work Phone Number	Cell Phone Number	[ ] Spanish [ ] English Primary Language:

### VIDEO/PHOTO RELEASE

I understand that during the GBG Program, my photograph and/or the photograph of my child may be taken by the GBG, producers, sponsors, organizers, and/or assignees. I agree that my photograph and/or the photograph of my child, including video photography, film photography, or other reproduction of my likeness of the likeness of my child, may be used without charge by the GBG, producers, sponsors, organizers and/or its assignees for such purposes as they deem appropriate.

Initials: \_\_\_\_\_

### AUTHORIZATION TO TREAT A MINOR

I, the parent or legal guardian of the child listed above, do hereby authorize and consent to any X-Ray examination, anesthetic, medical, or surgical treatment rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and of the staff of any acute general hospital or emergency care facility holding a current license to operate a hospital or emergency care facility from the State of California Department of Public Health. I understand that this authorization is given in advance of any special diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his/her best judgement, may deem advisable for my child. Further, I understand my child will be participating in inherently dangerous activities and agree to pay for my child's medical expenses. I understand that all effort shall be made to contact me prior to rendering treatment of my child, but any of the above treatment will not be withheld if I cannot be reached. This authorization is given pursuant to the provisions of the California Civil code.

Initials: \_\_\_\_\_

### RELEASE FROM LIABILITY

In consideration of the acceptance of the application of my child, as a participant in any programs and/or activities of the GBG program, I and my child hereby agree to assume all risks attendant upon myself and my child while participating in any GBG program or activities. I and my child hereby waive, release, and discharge any and all claims for damages for death, personal injury, or property damage which I or my child may have, or which may hereafter accrue to me or my child, as a result of my child's participation in the GBG program or activity. I agree to indemnify and hold harmless from liability the GBG, its agents, servants, or employees by reason of any accident, death, injury, or damages, to persons or property which I or my child may suffer while participating in the program and/or any of their agents, servants, or employees by reason of any accident, death, injury, or damages, to persons or property which I or my child may suffer, from and against any and all liability arising out of or connected in any way with my or my child's participation in the GBG program and/or activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs or assignees, and the heirs or assignees of my child. I agree to assume all responsibility for any property damage or injury to any person caused by me or my child while participating in the GBG program and/or activity.

Initials: \_\_\_\_\_

I have read, understand, and approve the VIDEO/PHOTO RELEASE, AUTHORIZATION TO TREAT A MINOR and RELEASE FROM LIABILITY.

Print Name of Parent/Guardian	Parent/Guardian Signature	Date
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