

# Kids Factory Permission and Medical Release Form

Kids Factory Location: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

Note any medical conditions and/or allergies Kids Factory should be aware of for your child's safety:

\_\_\_\_\_

**EMERGENCY CONTACTS** – It is imperative for program staff to have emergency phone numbers to contact a relative/friend at any time during the program. I authorize the following person(s) to pick up my child or be called for emergencies in my absence:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please select ONE from the following choices (must be in 5<sup>th</sup> grade to qualify to walk home):

\_\_\_\_\_ My child will be picked up by an authorized person by the close of the program.

\_\_\_\_\_ My child qualifies to leave the premises and walk home and will leave the premises at the close of the program.

## KID'S FACTORY POLICIES

I give my child permission to attend the Kids Factory program. I have read the information pertaining to the program and understand that this is a recreation activity and that my child is expected to stay with the leaders and participate in the provided activities. I have received and agree to follow the discipline and late fee policies.

I hereby grant and assign the Saddleback Valley Unified School District ("SVUSD") and, its member schools and organizations, employees, and representatives, the irrevocable and unrestricted right to use and publish for editorial, trade, advertising or any other purpose and in any manner and medium, including website and internet promotion, all photo, audio, and video recordings.

Parents/Authorized pick-ups must present id to staff upon pick up.

Kids Factory does not allow personal items during program hours and does not take responsibility for lost, broken, or stolen items.

Personal items include, but are not limited to: cell phones, electronic devices, toys; all personal items are to be kept in the participant's backpack or at home.

It is the participant's responsibility to arrive and sign in within 15 minutes of school dismissal in order to participate.

\_\_\_\_\_ (Initials) I have read and agree to follow the policies listed above.

I realize that every precaution is taken to eliminate any injuries or hazards and a competent supervisor is present; however, in the event of injury to my child I hereby waive, release and hold harmless from any liability for damages or claims for damages for personal injury, including accidental death, as well as from claims for property damage which may arise in connection with the above activity against the supervisor, Department of Community Services personnel, the Saddleback Valley Unified School District, Capistrano Unified School District, the City of Lake Forest, and the City of Mission Viejo. I also realize the recreation personnel are not responsible for my child/children before or after the scheduled hours of the program. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the program director to hospitalize and secure proper treatment for my child in the event of an emergency. If an ambulance is needed to be called, the program director has my permission.

Signature: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_