



REGISTRATION FORM

Class Date _____ Student Name _____
Parent/Guardian _____
Address _____
Phone (Home) _____ (Work) _____
Parent/Guardian email _____
Birth date _____ M ___ F ___ Grade _____
Name student wants to be called in class _____

Dear Parent/Guardian(s):

A great deal of information is presented in a short period of time during the Home Alone Safety class. We want every child to succeed in the class, and we will work with you to make alternate plans if your child has difficulty keeping up. Please let us know if there is anything about your child that we should know to help your child succeed in class.

- I will take all responsibility for deciding whether my child is capable and mature enough to stay home alone.
_____ Yes

Allergies

Does your child have any food allergies? _____ Yes _____ No (If yes, please explain)

Emergency Medical Permission

In the event of a health emergency, I authorize _____ (site) to seek emergency care for my child. My preferred hospital is _____. In the event of any accident or health problem which may require the attention of a physician, I may be contacted at (phone) _____. If I am not available, _____ may be contacted at (phone) _____ and is authorized to act on behalf of my child.

Other Terms and Conditions

- Edgerton Hospital and Health Services reserves the right to decline the application of any student, or send home any student who, according to our discretion, is disruptive or put him/herself or others at risk
- I, the undersigned, consent to the use, reproduction and publication by Edgerton Hospital of pictures or recordings taken of my child during the program for publicity purposes.
- **Acknowledgement of Risk of Injury/Release Waiver.** I acknowledge and understand that there may be a risk of injury involved in the activities that my child will engage in during the program. In consideration of my child's participation in the program, I hereby agree to release,

waive, hold harmless, and shall indemnify Edgerton Hospital and Health Services and their respective employees, members, officers and other staff members from liability to us and our child any and all claims.

- I, the undersigned, have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its meaning and significance.
- I, the undersigned, hereby certify that to the best of my knowledge, my child is able to safely participate in the program activities for which he or she has been registered.
- By submitting this registration form I agree to the terms listed above and provide my signature as proof of acceptance.

Signature of parent/guardian

Date

Participation in the class does not suggest that Edgerton Hospital and Health Services condones leaving children home alone. It is up to the parent/guardian to deem the child capable.