

# Children's Workshop of Nauvoo French Classes

## REGISTRATION AND EMERGENCY INFORMATION FORM

Child's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Child Age: \_\_\_\_\_ Requested Class: \_\_\_\_\_ 3-5 yr old class  
\_\_\_\_\_ 5-8 yr old class  
\_\_\_\_\_ 9-12 yr old class

Parent/Guardian Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_

### Person(s) Authorized to pick up child (besides parent/guardian listed above):

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

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

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

### In case of emergency when parents/guardian can't be reached, please notify:

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

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

Child's doctor \_\_\_\_\_ Phone \_\_\_\_\_

List any allergies \_\_\_\_\_

## Emergency Medical Treatment Procedure

In the event of an emergency, whenever possible, parents or persons listed above will be notified and asked to take their child to their family physician for medical treatment. If no parent or guardian can be reached, we will call 911 to have the child transported by ambulance to the local hospital.

I, the undersigned, in consideration of your accepting \_\_\_\_\_ (child's name), hereby assume all risk and hazards of the conduct of this school program and release all claims and rights for damages my child may have against *The Children's Workshop of Nauvoo*, its employees, or owners. I also acknowledge for my child that *The Children's Workshop of Nauvoo* provides no medical coverage of any kind for any accident or injuries that might result from participation in its classes.

In the event that my child is injured or should require medical attention, I hereby authorize *The Children's Workshop of Nauvoo* to secure necessary medical treatment. Confirmation of this authorization should be made with me prior to treatment by calling me at the above listed phone number. In case I cannot be reached for an emergency, medical treatment as described above may proceed without further authorization.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_