



Childs Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Student's school \_\_\_\_\_

Grade \_\_\_\_\_ Gender: Female \_\_\_ Male \_\_\_

Health Information Does your child have any allergies? Yes \_\_\_ No \_\_\_ If yes please describe \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Information Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Photo/Facebook/Internet release signature of the Parents \_\_\_\_\_ Date \_\_\_\_\_

#### Liability Disclaimer

The undersigned, Parent \_\_\_\_\_, hereby signs this liability disclaimer form on the \_\_\_\_\_ day of \_\_\_\_\_ on my behalf and on the behalf of my minor child, \_\_\_\_\_

( ) years of age. I understand that all activities, which have been explained to me, and in which I participate or my minor child, sponsored or organized by Cry of the Children, Inc. are done out of our own risk, and we accept all responsibility for accidental injury or ham as such activities re permitted within the laws of the State of Indiana and United States.

I agree on behalf of myself and my minor child not to bring claim against Cry of the Children, Inc., the organizers of and activity or the officers involved in the events in which I or my minor child participated. I have read and accepted the terms of this liability disclaimer agreement.

Participating Parent or Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_