



ALL KIDS CAN!

TRIATHLON INFORMATION SHEET AND LIABILITY WAIVER

CHILD'S NAME _____
(Only one child per form)

CHILD'S ADDRESS _____
Street City State Zip

CHILD'S DATE OF BIRTH ____/____/____ T-shirt size: S__ M__ L__
Month Day Year YS__ YM__ YL__

KNOWN MEDICAL CONDITIONS/ALLERGIES (include all foods and medications)

THIS IS MY CHILD'S _____ YEAR IN THE ALL KIDS CAN! PROGRAM

PARENT'S EMAIL _____

PARENT'S /GUARDIAN'S NAME _____

HOME PHONE #(____) _____ WORK PHONE #(____) _____

EMERGENCY CONTACT _____ PHONE #(____) _____

PHYSICIAN'S NAME _____ PHONE #(____) _____

INDIVIDUALS AUTHORIZED TO PICK UP CHILD

_____ (Relationship) _____

_____ (Relationship) _____

Is anyone prohibited from picking up your child? _____

My child may walk home unescorted at time of dismissal. **Yes**_____ **No**_____: I understand my child must be picked up by the assigned dismissal time. **Warning:** Repeated late pick-up (more than twice) will result in the expulsion of your child from the program.

PHOTOGRAPHIC AUTHORIZATION:

I hereby grant permission to the *ALL KIDS CAN!* for the use of any and all photos in which my child or I may appear. The usage is inclusive of but not limited to the publication or inclusion in our website, brochures, posters, catalogs, handbooks, banners, and broadcast or print advertisements by the *ALL KIDS CAN!* I agree to waive any claim to compensation for use of said photos.

IN CONSIDERATION OF THE KIDS TRIATHLON SERVICE PROVIDED BY *ALL KIDS CAN!* TO PARTICIPANTS, THE UNDERSIGNED GIVES PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL ACTIVITIES AND ALL FIELD TRIPS. I FULLY ASSUME ALL RESPONSIBILITY FOR ARTICLES LOST WHILE PARTICIPATING IN THESE ACTIVITIES OR WHILE IN TRAVEL. I AGREE TO RELEASE AND HOLD HARMLESS, *ALL KIDS CAN!* AND ITS AGENTS, EMPLOYEES, AND OFFICERS FROM AND AGAINST ANY AND ALL CLAIMS, DAMAGES, AND LIABILITY ARISING FROM OR DUE TO INJURY SUSTAINED BY THE CHILD NAMED ABOVE EXCEPT FOR INJURY WHICH MIGHT BE DUE TO INTENTIONAL OR NEGLIGENT ACTS ON THE PART OF THE *ALL KIDS CAN!* ITS EMPLOYEES, OR AGENTS.

In the event I cannot be reached in an Emergency, I hereby give permission to the Physician selected by the *ALL KIDS CAN!* to hospitalize and secure proper treatment for my child in case of an accident or sudden illness. I agree that I shall remain responsible for any and all expenses incurred for such medical care and treatment.

SIGNATURE_____

Parent or Legal Guardian

Insurance_____ Policy #_____