

S.P.A.C.E. Emergency Form Registration

Child's Name _____ Birth Date _____

Child's E-Mail Address _____ Sex _____

Address _____

City _____ ZIP _____ ☎ _____

School _____ Current Grade _____

Mother / Primary Legal Guardian _____

Home ☎ _____ Work ☎ _____ Cell ☎ _____

E-Mail Address _____

Father / Secondary Legal Guardian _____

Home ☎ _____ Work ☎ _____ Cell ☎ _____

E-Mail Address _____

Physician _____ ☎ _____

Health Insurance Co. _____ Policy # _____

Allergies _____

Persons to contact in case of emergency, (if we can not reach you):

Name _____ Home ☎ _____ Work ☎ _____ Cell ☎ _____

Name _____ Home ☎ _____ Work ☎ _____ Cell ☎ _____

Name _____ Home ☎ _____ Work ☎ _____ Cell ☎ _____

Persons authorized to pick up your child:

Name _____ Home ☎ _____ Work ☎ _____ Cell ☎ _____

Name _____ Home ☎ _____ Work ☎ _____ Cell ☎ _____

Name _____ Home ☎ _____ Work ☎ _____ Cell ☎ _____

Signature _____

Date _____

Consent, Authorization, and Release

- 1) This Consent, Authorization, and Release Form is for said minor, _____, who will here to for be referred to as "The Minor."
- 2) This Consent, Authorization, and Release Form is provided to the Director and staff of the Summer Program for Advancement, Challenge, & Enrichment, operating as Mars Academy for children in the Los Angeles area.
- 3) This Consent, Authorization, and Release Form is applicable to any and all such trips and activities connected with Mars Academy.
- 4) The Minor has my consent to participate in all trips, activities, and programs which s/he attends. There are no limitations or restrictions of any kind whatsoever on such participation unless this line is initialed _____ with an explanation attached.
- 5) The Minor has been instructed by me, and understands and agrees to comply with all rules, regulations, and code of conduct established by the Director and the official instructions and directives of all authorized staff, volunteers, and other agents of Mars Academy.
- 6) You are expressly authorized to engage appropriate health care providers to administer, prescribe, and/or direct the administration of any medication, other medical treatment, care, surgery, hospitalization, or medical procedures and services deemed appropriate under circumstances. If you are not able to timely contact me for instruction, you are to act as my authorized agent and at my sole cost and expense. There are no exceptions or limitations or other special instructions in connection with the foregoing unless the line is initialed _____ with an explanation attached to this page. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.
- 7) Unless this line is initialed _____ and I have provided you with specific instructions, directions, or other specific data to the contrary, attached to this page, you may assume that The Minor has no medical disabilities, allergies, or other limitations of any kind whatsoever that might in any way limit participation.
- 8) I expressly release and agree to indemnify and hold Mars Academy, its Director, and all authorized staff, volunteers, and other agents, free and harmless from any and all liability, charges, claims, costs, and expenses of every kind and nature whatsoever, including reasonable attorney fees in connection with the acceptance and participation of The Minor in said trips, activities, and programs. The foregoing Release is without reservation of any kind except only for such acts or omissions on your part that arise out of your intentional or negligent wrongdoing and without fault of any kind on the part of The Minor, or on my part in failing to disclose pertinent information to you.
- 9) I represent to you that I have sole, full, and legal power and the right to execute this Consent, Authorization, and Release, and that you will rely on my representations.
- 10) If this Consent, Authorization, and Release is signed by more than one person, all references of the singular shall include the plural jointly and severally.

I DECLARE, UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT I HAVE READ AND FULLY UNDERSTAND THE IMPORTANCE AND EFFECT OF THE FOREGOING CONSENT, AUTHORIZATION, AND RELEASE, THAT I HAVE OBTAINED SUCH ADVICE OF AN ATTORNEY AND OF A LICENSED PHYSICIAN AS I DEEMED NECESSARY, TO MY COMPLETE SATISFACTIONS, THAT I HAVE RETAINED A TRUE COPY OF THIS DOCUMENT.

Parent / Legal Guardian's Signature _____ Date _____

Signer's Name Printed _____ Relationship to Minor _____