

Helping Hands Montessori Services

Summer Camp 2018

7/9/2018 - 8/2/2018

Student Information

Child's Name: _____ DOB: _____

Dates/Sessions Attending: _____

Parent 1: _____ Parent 2: _____

Address: _____

City: _____ State: _____ Zip: _____

*Please provide two phone numbers where I can reach you at all times

Phone 1: _____

2nd #: _____

Emergency Contacts:

Name: _____ Relation: _____

Phone: _____

Name: _____ Relation: _____

Phone: _____

Please list any known allergies or anything else you would like to tell us about your child: _____

*Continue on back

Sign: _____ Date: _____

Helping Hands Montessori School
Summer Camp 2018
7/9/2018- 8/2/2017

Waiver and Release of Liability

Does HHMS have permission to take photos of your child? Yes no

Does your child have permission to participate in water play? Yes no

Does your child have permission to leave the premises for a short walk around the block, to the hike and bike trail 2 blocks away, or to the park? Yes no

Does HHMS have your permission to call emergency contacts, or 911 in case of an emergency? Yes no

By this Waiver, I assume any risk, and take full responsibility and waive any claims of personal injury, death or damage to personal property associated with **Helping Hands Montessori Services** activities and events organized by **Talitha Green or Associates**.

I understand and confirm that by signing this WAIVER AND RELEASE I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. I am 18 years of age or older and mentally competent to enter into this waiver.

Sign: _____ Date: _____