

Informed Consent and Release

Summer 2008 Registration Form

Authorization for Emergency Treatment and Transportation

I, the undersigned, as the parent or legal guardian of the child listed on this application, in consideration of the request, give permission for my son/daughter to participate in the Oregon State University's College of Health and Human Sciences KidSpirit program and hereby assume full responsibility for all risk of injury or loss which may result from my son's/daughter's participation in this activity, and hereby agree to hold harmless, release, and forever discharge OSU, its officers, agents, and employees from any and all claims and demands whatsoever which the undersigned or any third party may have against said officers, agents, or any person acting under its behalf, by reason of any accident, illness, injury, or death, or damage to, or loss of, or destruction of property arising or resulting directly or indirectly from my son's/daughter's participation in the OSU KidSpirit Program.

I understand, agree, and acknowledge that some activities may be of a hazardous nature and/or include physical and/or strenuous activity. Understanding this, I state to the best of my knowledge, my son/daughter listed on this application has no medical, physical, mental, or emotional health conditions that would hinder his/her active participation in OSU KidSpirit programs.

I understand that I am required to have accidental medical coverage for the child listed on this application and I verify that the information provided on my insurance policy is accurate and true.

In the case of an emergency and I cannot be reached, I authorize the staff of OSU KidSpirit to obtain whatever medical treatment it deems necessary for the welfare of my child listed on this application.

I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether my medical insurance would cover such charges and fees.

1

Please send this form and payment to:
OSU KidSpirit • 125 Langton Hall, OSU • Corvallis, OR 97331

Last Name	First Name	Middle Name	Birthday	Child's School	Sex	Grade in Fall 2008
Child's Doctor		Phone#	Allergies and Medical Conditions			
Parent/Guardian 1			Home #			
Home Address			City	State	Zip	
Place of Employment	OSU Campus Address - if applicable		Work #	Cell/Pager #		
Parent/Guardian 2			Home #			
Home Address			City	State	Zip	
Place of Employment	OSU Campus Address - if applicable		Work #	Cell/Pager #		
Emergency Contact		Home#	Work#	Cell/Pager#		

INSURANCE CARD? YES NO
If the KidSpirit office doesn't have a current copy of the front and back of your **child's insurance card**, please bring the card in to the KidSpirit office to be photocopied.

CUSTODY ISSUES? YES NO
If there are custody issues please provide copy of legal documentation of custodial rights or proof of custody.

FULL PAYMENT must be received two weeks prior to beginning of class.

NOTE: If your child has any physical limitations or disabilities which would affect his/her ability to participate in KidSpirit, please ask for the *Special Concerns Form*.

CANCELLATION POLICY: I have read this policy _____ (Initial)
Class sessions can be changed or cancelled two weeks prior to the first day of class for a full refund, less \$25 administration fee. No refunds or cancellations once the class/camp session has begun, unless for medical emergencies with a note from a doctor.

PHOTO RELEASE? YES NO
Permission for the KidSpirit staff to photograph my child and to use the images in promotional materials related to the KidSpirit programs.

EMAIL? YES NO
Do you want to receive KidSpirit program updates via email?
Email address: _____

Acceptance: I have read, understand, and accept the Informed Consent and Release Authorization for Emergency Treatment and Transportation, Refund Policies, and Payment Schedule.

2

Parent/Guardian Signature _____ Date _____

Office Use Only Received _____ Book _____ Database _____ Dbl Ck _____ Filed _____ Acct # _____

3

List Activity

One form per child. Classes are filled on a first-come, first-served basis. You will be contacted ONLY if the class is full or if there are schedule changes.

Activity	Level	Day and Time	Session #	\$	Cost
Activity	Level	Day and Time	Session #	\$	Cost

4

Payment Method

Check (Note child's name on check) Cash Credit Card



Make checks payable to:
KidSpirit
125 Langton Hall, OSU
Corvallis, OR 97331

Name on card _____
Card # _____ Exp. Date _____

Payments due upon registration of class. Please send in SIGNED registration form ONLY and keep the schedule for your records.

Total Due \$ _____