



EPICENTRE PROGRAM REGISTRATION FORM

Program: _____ **Epicentre Member: Yes No** (please circle)

Parents/Guardian Names: _____

Child's Name: _____ Age _____ Birthdate _____

Child's Name: _____ Age _____ Birthdate _____

Child's Name: _____ Age _____ Birthdate _____

Family Island Address: _____

Island Phone #: _____ Cell: _____ Other: _____

Family e-mail: _____

Island Emergency Contact Name and Phone# (Not a Parent or Guardian): _____

Authorized persons for drop off and pick up: _____

Does your child have any allergies or medical conditions we need to be aware of? If so, please describe any procedures we need to know about in an emergency. (Use back of page if necessary): _____

Photo Release I authorize the SGI NH - Epicentre to take and possibly publish photos of me/my child(ren) pertaining to the above identified program. In the course of conducting our programs, periodically, photos will be taken of participants in various program activities, some of which may be used on the Epicentre web or social media sites or in print materials as part of our promotional and fundraising efforts. Please note that participants will not be identified by name in any of our promotional material or on our website. **Yes No (please circle)**

Policies and Procedures I have read and agree to the Epicentre's Policies and Procedures. **Initial** _____

Waiver I (parent/guardian signature) understand and agree that in participating in any program, workshop, rehearsal or performance, there is a possibility of physical injury. I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident, which might occur to myself, or my child, during any SGI NH - Epicentre programs or activities. I also exempt, release, and indemnify the program co-ordinator, board members, and/or workshop facilitators or assistants, from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted at these locations. I understand that I should be aware of my physical limitations and agree not to exceed them. If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights.

Parent/Guardian Signature: _____

Date: _____