



Student Information Form

Child's Name: _____ Birthday: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian: _____ Work Phone: _____

E-Mail: _____ Cell Phone: _____

Parent/Guardian: _____ Work Phone: _____

E-Mail: _____ Cell Phone: _____

Child's Known Allergies: _____

Authorized Pick-Up and Emergency Contact List:

Name: _____ Home Phone: _____

Name: _____ Cell Phone: _____

Name: _____ Cell Phone: _____

Only people listed above will be allowed to sign your child out of Blue Marble's Program. Any changes must be made in writing. In case of emergency, Parents/Guardians will be contacted first. If Parents/Guardians cannot be reached, we will call the Emergency Contact(s).

Waiver Release

AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE, WAIVER AND RELEASE OF CLAIMS AND AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FOR MINOR CHILD

In consideration of Blue Marble Academy Inc. ("Blue Marble") granting the above named minor child ("Child") the opportunity to participate in Blue Marble's program ("Program"), I _____ (print name), the undersigned, as parent or legal guardian of the Child, do hereby agree as follows:

- I am aware that there are certain risks of injury and/or damage inherent in Program activities.
- I understand that if my child misbehaves and/or is sick and needs to be sent home, I agree to pick her/him up at the time requested by staff.
- I confirm to the best of my knowledge and belief, Child is not subject to a physical or mental infirmity nor under the influence of any medication or other substance(s) which might hinder his/her safe participation in the Program.
- I will instruct the Child to abide by all safety regulations and to take reasonable precautions to minimize the risk of injury or damage arising from participation in the Program.
- I give my consent to have Child participate in all aspects of the Program and I knowingly assume full responsibility for all risks of bodily injury, death or property damage which Child may sustain as a result.
- I understand that Blue Marble has no obligation to obtain medical treatment for Child. Should it be necessary for Child to have emergency medical care while participating in the Program, I hereby give Blue Marble personnel my permission to use their judgment in obtaining medical care, and; I give permission to the medical care provider selected by Blue Marble personnel to render medical care deemed necessary and appropriate.
- I authorize Blue Marble to make, procure or use photographs, films, tapes or other likenesses of Child's physical image and/or voice as may be needed for use with Program's publicity materials.
- Except for the gross negligence or willful misconduct of Blue Marble, I waive all rights to recovery which Child or I may have now or in the future, whether known or unknown, against Blue Marble or its officers, agencies or employees, and I release, acquit and forever discharge Blue Marble from any and all liability for any bodily injury or other personal injury, damage, loss or expense, claims, demands, causes of action, money damages, costs, loss of services or use, compensation, debts, including attorney fees, which result from or are in any way connected with Child's participation in the Program or any related activities.
- I have carefully read this agreement. I understand what it means and my signature below in my own free act. I intend it to be legally binding on Child and myself. I also acknowledge that I have read the Program description and agree to the terms and policies described therein.

Parent/Guardian's Signature: _____ Date: _____