



# IAD FAMILY PROGRAM

## Children Registration Form

Date: \_\_\_\_\_

I, the parent of \_\_\_\_\_, give my child permission to participate in the Family Program of IAD from June 25-27, 2015.

Participant \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

Email address \_\_\_\_\_ Text \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Email \_\_\_\_\_ Text \_\_\_\_\_

Please circle one: Deaf Hard of Hearing Hearing

Parent/Guardian Name \_\_\_\_\_

### Medical Information:

Any health concerns we need to be aware of?

Allergies     Physical or Mental Co     Medication Schedule

If yes, please explain below. Use back if more space is needed.

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Media Release: I grant permission for the use of photographs or video of my child and without limitation, to use such pictures/stories in connection with Illinois Association of the Deaf Family Program of IAD's purposes. If permission is granted then Illinois Association of the Deaf are released from any claims that may arise.

Parent/guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Print Parent/guardian name \_\_\_\_\_

*No child will be accepted into the program without this form completed and signed.*



## Field Trip - Parent Consent for Field Trip and Medical Authorization

Your child is invited to participate in a Family Program sponsored field trip. Participation in this field trip is voluntary, but you must give permission before your child may go. If you do not give permission, your child will remain at the conference .

Your child will be supervised by Illinois Association of the Deaf Family Program Supervisors. Illinois Association of the Deaf (IAD) cannot enumerate every risk, but we believe that you are generally familiar with this activity and your child; therefore, you are in the best position to decide whether your child should participate.

By signing this form, you agree that your child may participate in the field trip. By signing this form, you also agree to release the Illinois Association of the Deaf Family Program Volunteer Supervisors from any and all damages, as the result of death and/or injuries of any kind you and your child might suffer as a result of participating in this field trip.

Should it be necessary for your child to have medical treatment while participating in this trip, and a parent cannot be reached, your signature gives the IAD Family Program personnel permission to use their judgment in obtaining medical service for the child and gives permission to the physician to render medical treatment deemed necessary and appropriate. You should understand that the Illinois Association of the Deaf has no insurance covering such medical or hospital costs incurred for your child; therefore, any cost incurred for such treatment shall be your sole responsibility.

This is a legal document and you are free to obtain a lawyer's advice at your own expense before signing it. You may not, however, change the language of this form, and any additions or deletions you make to this permission and release are void.

Participant (Child): \_\_\_\_\_  
Parent/Guardian Signature\*: \_\_\_\_\_  
Today's Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell/Text: \_\_\_\_\_

\*If the student is 18 years or older, the participant should sign this form.

### **This consent form relates to the following field trip:**

Date of Trip: \_\_\_\_\_ Destination: \_\_\_\_\_  
Participant: \_\_\_\_\_  
Parent/guardian's signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Parent/guardian name \_\_\_\_\_

Illinois Association of the Deaf Family Program Coordinator's Signature \_\_\_\_\_  
Print: \_\_\_\_\_ Date: \_\_\_\_\_