

**CHILD ENROLLMENT AND RELEASE OF LIABILITY  
FOR ENRICHMENT CLASSES AND ACTIVITIES**

<b>AGE</b>	<b>PARTICIPANTS NAME</b>	<b>DATE OF BIRTH</b>	<b>GENDER M/F</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ALLERGIES: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

MOTHER: \_\_\_\_\_ CELL PHONE \_\_\_\_\_

WORK \_\_\_\_\_ HOME \_\_\_\_\_

MOTHERS EMAIL \_\_\_\_\_

FATHER \_\_\_\_\_ CELL PHONE \_\_\_\_\_

WORK \_\_\_\_\_ HOME \_\_\_\_\_

FATHERS EMAIL \_\_\_\_\_

PARTICIPANTS DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

ADDITIONAL EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

IN THE EVENT OF AN ACCIDENT OR EMERGENCY, I GIVE MY PERMISSION TO JOEY'S OUTBACK ADVENTURES OFFICIALS TO CONTACT THE PARENT, DOCTOR, AND/OR EMERGENCY CONTACT IN THE EVENT OF AN EMERGENCY. ADDITIONALLY, I ALLOW FOR MY CHILD TO BE BROUGHT TO THE HOSPITAL FOR MEDICAL TREATMENT AND I HOLD JOEY'S OUTBACK ADVENTURE AND ITS REPRESENTATIVES HARMLESS IN THEIR EXECUTION OF THIS ACTION.

I UNDERSTAND THE ACTIVITIES ARE STRENUOUS AND REQUIRE CERTAIN SKILLS AND PHYSICAL ABILITY TO PARTICIPATE. I CONFIRM THAT AS PARENT/LEGAL GUARDIAN THE PARTICIPANT IS IN GOOD HEALTH AND GOOD PHYSICAL AND MENTAL CONDITION.

I HAVE READ AND UNDERSTAND THE CHILD ENROLLMENT AND RELEASE, THE RULES OF THE OUTBACK AND HAVE SIGNED A WAIVER OF LIABILITY FORM. I HAVE HAD TO OPPORTUNITY TO ASK ANY AND ALL QUESTIONS.

THIS INFORMATION MAY BE KEPT ON FILE FOR FUTURE VISITS TO JOEYS OUTBACK ADVENTURES.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE