

Dreams for Kids

Accident, Illness or loss

I certify that in case of accident or illness, the program director has my authority to secure medical attention if unable to communicate with me directly.

I understand that there is some inherent risk in activities at Dreams for Kids programs and accidents sometimes occur. I also understand that the program fees do not include accident insurance, and I agree that all medical expenses will be my responsibility.

3 I agree to the release of any medical records necessary for treatment, referral, billing, and insurance purposes.

I agree to waive any claims for negligence or intentional acts against Dreams for Kids, its volunteers, or any organization working or sponsoring them, for injuries that may result from the conduct of other persons, including participants in the Dreams for Kids program.

I understand that Dreams for Kids is not responsible for lost, stolen, or damaged articles.

Transportation/photos

I give permission for my child to participate in planned activities, participate in authorized trips and to ride authorized vehicles for this purpose of transportation to off-site activities or for medical care.

I give permission for Dreams for Kids to use photos or videos of my child in promotional materials; including newsletters, websites, books, magazines, etc.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

X _____
Participant's Name (PLEASE PRINT CLEARLY) Signature Date

FOR PARTICIPANTS OF MINORITY AGE

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X _____
Parent's Signature & Emergency Phone Name & Date

MEDIA RELEASE FORM

Name _____ Age _____
Male _____ Female _____

MEDIA/PHOTO WAIVER: I hereby authorize and give my full consent to Dreams for Kids to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending this Dreams for Kids event. I further agree that Dreams for Kids may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

X _____
Signature Date

Dreams for Kids Participant Application

The following information assists Dreams for Kids in maintaining a risk-managed environment.
Please complete this form as accurately and truthfully as possible. This information will be confidential.

Personal Information-Participant

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (Home) _____ Phone (Work) _____

Phone (cell) _____ Gender _____

E-Mail Address _____ Age _____ Birth Date _____

Dietary Restrictions: _____

EMERGENCY CONTACT:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ Phone (Work) _____

E-Mail _____ Phone (cell) _____

INSURANCE INFORMATION:

Is the applicant covered by any medical policy? (Circle answer) YES NO
Medical Insurance Policy (carrier and type) _____

Policy Number _____

(Please note: We recommend that all Dreams for Kids students be covered by personal health insurance. If medical care for injury, pre-existing conditions or any other reason is required during Dreams for Kids program, the student's personal health insurance will be primary.)

MEDICAL INFORMATION:

A physician's approval in participate in a Dreams For Kids program is not required. However, DFK strongly encourages you to consult your physician if you have any concerns or questions regarding your ability to participate in any active programs. We will be able to answer any of questions that you or your physician have concerning Dreams for Kids activities and/or adaptations that are frequently a part of Dreams for Kids Programs.

PLEASE ANSWER THE FOLLOWING QUESTIONS: (Fill in blank or circle as appropriate.)

Height_____ Weight_____ Disability/Diagnosis_____

If you have a disability; please list acquired date _____ or circle congenital.

Do you have any limitations that you believe will affect your ability to participate in a Dreams for Kids Program? YES NO

Are you under any treatment for any illness or condition? If so, please name and describe: _____

Are you currently taking any form of medication?_____ If so, Please give name, dosage, and frequency:_____

Do you have any allergies?_____ If so, please list them an include allergic reactions to medications:_____

Have you recently undergone surgery or had a sever illness?_____ If so, please describe the procedure or illness:_____

Do you exercise regularly? YES NO Please describe your exercise program_____

Please check off any of the following conditions you have or have had in the past and give the year of occurrence:

Asthma		Dislocation		Back Pain		Sprain	
Chest Pain		Fracture		Epilepsy		High Blood Pressure	
Diabetes		Headaches		Heart Disease		Difficulty Breathing	

Are there any other conditions or concerns not listed above? Please Explain _____

Please indicate any and all Extreme Recess events that interest you.

- _____ May- Adaptive Lacrosse clinic
- _____ June- Adaptive Basketball clinic
- _____ July- Adaptive Baseball clinic
- _____ August- Adaptive Water skiing clinic

Optional Payment

- To help us maintain the quality of this event, we ask that participants with the ability to contribute pay a registration fee of \$50.
- However, Dreams for Kids believes that a registration fee should not be an obstacle for anyone who wants to attend the Extreme Recess Baseball Clinic. Participants who are unable to contribute at this time will be granted a scholarship.
- Contributions of amounts greater than \$50 are greatly appreciated. These extra donations make up the majority of our scholarship fund and enable young people who are not able to pay a registration fee to participate. We thank you in advance for your generosity.

Please indicate your payment level

- I cannot contribute
- I have enclosed my registration fee of \$50
- I would like to contribute to the scholarship fund. I have enclosed \$_____

To donate securely through PayPal, please visit the link on our website:
<http://dreamsforkids.org/dc/donatedc/>

CREDIT CARD OPTION <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> American Express
Card Holder Name _____ Total to be Charged \$ _____
Card # _____
Billing Address (If Different from Participant's Address) _____

Exp. date _____ Security code _____

SIGNATURE _____ DATE _____

***Please make all checks payable to: Dreams for Kids DC**