



KICK OFF TO KINDERGARTEN Pre Registration 2017

Please return this form to the following designated person at your location:

- Coatesville Library: Penny Williams
- Regency Park Apartments Community Center: Crystal Lowry

Or email to:

amanda@artsholdinghandsandhearts.com

Please mark your location/time:

_____ Coatesville Public Library 2:00–3:00 PM

_____ Regency Park Apartments Community Center 4:00–5:00 PM

• **Child Information**

Child's Name _____

First Name

Last Name

Child Birth Date _____ School Attending in Fall _____
Month Day Year

Street Address _____

City _____ State _____ Zip Code _____

• **Parent/Guardian Information**

Parent/Guardian Name _____

First Name

Last Name

Phone Number _____ Email _____

• **Emergency Information**

Emergency Contact's Name _____

First Name Last Name
Relationship _____

Phone Number _____ Alt # _____

- Does the child have any allergies, chronic illness, injuries, inhaler, epi-pen or medical conditions or intervention ? If yes, please describe.

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- **Informed Consent and Acknowledgement**

I hereby give my approval for my child's participation in any and all activities prepared by Arts Holding Hands and Hearts, Inc during the selected camp. In exchange for the acceptance of said child's candidacy by Arts Holding Hands and Hearts, Inc I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless Arts Holding Hands and Hearts, Inc. and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected camp sessions.

In case of injury to said child, I hereby waive all claims against Arts Holding Hands and Hearts, Inc. including all instructors and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all physical activities. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or death.

Signature: _____ Date: _____

Print Name: _____