

Registration Information

	Name:		Gender:	DOB:		
	Street add	dress:				
	P.O. Box	(if mailing addı	ess is different)			
	City:		State:	Zip:		
	Home Pho	one:		•		
	Cell Phon	e:				
	Email:					
	Grade:	Age:	School:		Race:	
	Mother:	-				
	Father:					
	Others au	thorized to picl	C UD: (Must present	ID)		
	Emergency Contact Name & #: Does your child have any Behavior/Special needs? Explain					
	Allergies/Medical Conditions/ADHD?: IEP? Y or N					Y or N
	Is parent or guardian in the military or retired military? (if yes, please specify)					cify)
	In an Emergency, Is MHFK authorized to provide medical treatment? Campus:Elizabethtown Radcliff Leitchfield					
	For office	use only:	Transport	Yes or No		
		-	•			
•	tion Agreemen edge that partic		ies offered by MHFK inv	olves risk to the Partic	ipant (and to) Participant's parent
or guardia	ans, if Participa	nt is a minor), and ma	ay result in various type	s of injury including, bu	ut not limited	d to, the following:
			y, personal injury, prope escribed above (the "Ac			
			epts the risks of injury a			
from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered						
			ortation to and from the onsor or its agents, emp			
	-	nereinafter as the "Ac		loyees, volunteers, or a	ny other rep	resentatives
Provide and the	D	·		- : d : C d - C d		-l4b
			releases and promises t or indirectly out of the	-		
			negligence of the Activit			
	-	-	arises, the Participant (
			oute resolution process. e dispute will be submit			
		he American Arbitrat		to a timet-intimber	ai biti ation j	Janet for resolution
Cianata				Data		Voor
Signatu	ıre:			Date		_Year

***The above signature gives MHFK unrestricted use of this minor child's name, portrait or picture for art, editorial, advertising, trade or any other purpose whatsoever.