

HAWS ACE REGISTRATION FORM

2016-2017

First & Last Name _____
Address _____
City, State, Zip _____
Home Phone _____
Date of Birth _____
Grade & Name of School _____
Student's Email Address (optional) _____
Parent's Email Address _____

MEETING DATES:
6:00pm - 7:30pm
October 5th
November 2nd
December 7th
January 4th
February 1st
March 1st
April 5th
May 3rd

Please list any medical conditions and/ or allergies we should be aware of:

Emergency Contact Information

Emergency contacts and pickups:

_____	_____	_____
Full name	Relation to student	phone number
_____	_____	_____
Full name	Relation to student	phone number

Emergency Consent and Authorization

In the event of an emergency, I give permission to the physician selected by HAWS to hospitalize, secure proper treatment for, and to order injection and/ or anesthesia and/ or surgery for me/ my child/children listed on this form.

The undersigned or undersigned parent or guardian of child/children listed on this form hereby consents to the minor participating in ACE of the Humane Animal Welfare Society of Waukesha County, Inc., "HAWS," and all of its activities and programs. I give permission to HAWS to use photographs, motion pictures, or videotapes of me/my child/children in publicizing and promoting HAWS' work. The undersigned, forherself or himself and on behalf of said Minor, does hereby absolutely and unconditionally release, indemnify, hold harmlessand forever discharge HAWS, its employees, successors, assigns, and agents and each of them, from and against any and all claims,demands, obligations, and liabilities of every nature and kind whatsoever including, without limitation, negligence, occurring during, directly or indirectly resulting from or arising out of the undersigned / Minor's participation in such ACE. As to matters covered hereby, the CONSENT AND RELEASE shall extinguish all claims, demands, and rights which the undersigned or the Minor (and/ or each of their heirs, successors, and assigns) has or may ever have against the parties released hereby, or any of them, for any injuries, costs or damages to the Minor occurring during, directly or indirectly resulting from or arising out of the undersigned / Minor's participation in such ACE whether such injuries, costs or damages are known or unknown, foreseen or unforeseen, ascertainable or unascertainable.

STUDENTS 18 AND OVER: Student's signature required below
STUDENTS UNDER 18: PARENT/GUARDIAN'S signature required below

_____	_____	_____
Parent/ Guardian Signature	Parent/ Guardian Printed Name	Date
_____	_____	_____
Student's Signature	Student's Printed Name	Date

**Please complete this form and return with payment of \$40 to
HAWS ATTN: Megan 701 Northview Road; P.O. Box 834; Waukesha, WI 53188**