KHAWS REGISTRATION FORM

2018-2019

General Information

Child's First & Last Name:_____

Child's Date of Birth:_____

Address:_____

City, State, Zip:_____

Home Phone:_____

Email Address:_____

MEETINGS:

6:30pm – 8:15pm

Sept. 28
Oct. 26
Nov. 30
Jan. 11
Feb. 15
Mar. 15
Apr. 12

* Drop off begins at 6:20pm - counselors will not be available for supervision before that time *

Medical Information

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

Emergency Contact Information/ Pick-up Permission

It is very important to HAWS that we protect the safety of all children. For this reason, only adults over the age of 18 who are on your child's "pick-up list" will be allowed to pick up your child. We ask that when you register your child, you list on the form any adults who will be picking up your child. If you need to add someone to that list, you may do so. *We reserve the right to check ID of anyone picking up a child to make sure that his or her name is on the pickup list.*

Emergency contacts and pickups:

_____	_____	_____
Full name	Relation to child	phone number
_____	_____	_____
Full name	Relation to child	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 my child, _____(name.)

I consent to my child's participation in all activities and trips, which are part of the Kids 'n critters program and under the direction of HAWS staff.

I give permission to Kids 'n Critters to use photographs, motion pictures, or videotapes of my child in publicizing and promoting HAWS' work.

The undersigned parent or guardian of _____ ("Minor") hereby consents to the minor participating in KHAWS of the Humane Animal Welfare Society of Waukesha County, Inc., "HAWS," and all of its activities and programs. The undersigned, for herself or himself and on behalf of said Minor, does hereby absolutely and unconditionally release, indemnify, hold harmless and 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 Minor's participation in such KHAWS. 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 Minor's participation in such KHAWS whether such injuries, costs or damages are known or unknown, foreseen or unforeseen, ascertainable or unascertainable.

_____	_____	_____
Parent/ Guardian Signature	Printed Name	Date

Please complete this form and return with payment of $50 to HAWS at 701 Northview Road; P.O. Box 834; Waukesha, WI 53188