



# SAAC Kids Night Out Registration Form

## CHILD INFORMATION

NAME OF CHILD: \_\_\_\_\_ AGE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

MOTHERS NAME: \_\_\_\_\_ MOTHER'S CELL: \_\_\_\_\_

FATHERS NAME: \_\_\_\_\_ FATHER'S CELL: \_\_\_\_\_

T-SHIRT SIZE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

ARE THERE ANY MEDICAL CONDITIONS TO WHICH WE SHOULD BE ALERTED? \_\_\_\_\_

DOES YOUR CHILD HAVE ALLERGIES? (LIST) \_\_\_\_\_

## ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY

As legal guardian of \_\_\_\_\_, I hereby consent to the aforementioned person participating in the Southern Illinois University's SAAC Kids Night Out program. I recognize that potential injuries can occur in any physical activity. I understand that it is the express intent of the School to provide for the safety and protection of my child and in consideration for allowing my child to use these facilities, I hereby forever release Southern Illinois, its officers, employees, volunteers, students and coaches from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision, or control of Southern Illinois University, or its employees. As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while at Southern Illinois University's SAAC Kids Night out.

This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

PARENT OR LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## PERMISSION TO TREAT OPTION

I hereby give my permission to Southern Illinois University's SAAC members to provide temporary first aid to my child in the event of injury or illness and if deemed necessary to seek trained professionals to administer medical treatment to my child, should sickness or accident occur in my absence.

PARENT OR LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

