

**EMERGENCY INFORMATION**

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Emergency Contact (If above is unavailable) \_\_\_\_\_

Phone \_\_\_\_\_ Relation to child? \_\_\_\_\_

Parent/Guardian email address \_\_\_\_\_

Medical conditions or allergies \_\_\_\_\_

I have read the attached information and give permission for my child to attend H<sub>2</sub>O meetings on designated days after school. I understand that he/she will be released at 4:30pm on H<sub>2</sub>O days. If my child needs to leave early for any reason, I will provide the request in writing.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDIA RELEASE**

I (we) hereby give the City of Lakewood permission and authority, with respect to the photograph(s), videotape(s), or other recording(s) of my (our) child(ren), to copyright, use, publish, advertise and share with other organizations affiliated with the H<sub>2</sub>O program or news media the same in any medium and for any purpose, without any compensation to me (us), my (our) child(ren), my (our) (their) successors, heirs, and/or assigns, and to use my (our) child's(ren's) name in connection therewith.

I (we) also give my(our) permission for the City of Lakewood, any organization affiliated with the H<sub>2</sub>O program and any news media to retain the original or copies of these photographs, videotapes, or other recordings to use as they deem appropriate without any compensation to me (us), my (our) child(ren), my (our) (their) successors, heirs, and/or assigns.

I (we) further hereby release and discharge the City of Lakewood, any organization affiliated with the H<sub>2</sub>O program and news media with whom the photos are shared, as well as the photographer or recorder from any and all claims and demands arising out of or in connection with the use of the photograph(s), videotape(s), or other recording(s).

\_\_\_\_\_  
Child's name (please print)

\_\_\_\_\_  
Parent/Guardian's signature

\_\_\_\_\_  
Date

Return this form, along with the suggested \$5.00 fee, to H<sub>2</sub>O at Lakewood Division of Youth – 12900 Madison Ave. You may also send these items with your child to the next H<sub>2</sub>O meeting. Your child will not be able to attend future H<sub>2</sub>O meetings until this paperwork is complete. If your child needs the \$5.00 donation fee waived in order to attend H<sub>2</sub>O meetings, please let us know.  
Make checks payable to: LAKEWOOD FOUNDATION/H<sub>2</sub>O Thank you!