

REGISTRATION FORM



PARENT/GUARDIAN INFORMATION

Full Name :

Address :

Relationship:

Email :

Phone :

Full Name :

Address :

Relationship :

Email :

Phone :

STUDENT(S) INFORMATION

Full Name :

Date of Birth :

 / /

School + Grade :

Email :

Phone :

Allergies :

Medical Info:

Full Name :

Date of Birth :

 / /

School + Grade :

Email :

Phone :

Allergies :

Medical Info:

EMERGENCY CONTACTS

Full Name :

Relationship:

Phone :

Full Name :

Relationship:

Phone :

AGREEMENTS + CONSENTS

Emergency Care Consent:

In the event of an emergency, I authorize The Hive Youth Room staff to seek medical care for my child(ren).

Initial Here

Photo Release:

I, the undersigned, grant permission for photographs and videos of my child(ren) to be taken and used for promotional purposes related to The Hive Youth Room programs.

Initial Here

Security Camera Acknowledgment:

I acknowledge that The Hive Youth Room is equipped with security cameras for the safety of all participants.

Initial Here

Liability Release:

I understand and agree that The Hive Youth Room and its staff are not liable for any injuries or damages that may occur during program activities.

Initial Here

Nut Allergy Disclaimer:

I acknowledge that The Hive Youth Room is not a nut-free environment.

Initial Here

Code of Conduct Agreement:

I acknowledge that we have received and read The Hive Youth Room Handbook, including the Code of Conduct. We agree to abide by the conduct rules outlined in the handbook.

Initial Here

Parent/Guardian Signature

Date