**The Spanish Advantage Club**

# Permission and Release Form

## Childs Name: Date of Birth: Grade

**Contact Information:**

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Access Code #\_

Address: City: Zip\_\_\_\_\_\_\_\_\_\_

Home #\_ Cell # Work # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information:**

Name of Contact: Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: City: Zip: \_\_\_\_\_\_\_\_\_\_

Home #\_ Cell # Work # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Health Care Needs/Allergies:

Physician Name: Office # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentist Name: Office # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Release and Waiver**

**As the Parent or Legal Guardian of** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, I hereby agree, on behalf of myself and my child, to the following:**

I give permission for my child to participate in any planned activities. I voluntarily assume all responsibility for any risks or loss, property damage, or personal injury, as a result of my child participating in The Spanish Advantage Club program. I also authorize any necessary acts to provide emergency health care of my child in the event that the parent and or emergency contact cannot be reached, including consent of medical procedures by qualified, licensed and insured physicians, dentist, or hospitals.

I acknowledge that I have read and understand this waiver and release, and I fully understand that this is a release of liability. By signing this document, I am waiving any right to bring a legal action against The Spanish Advantage Club or its Employees.

## Parent/Guardian Printed Name:

**Parent/Guardian Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**