



# Kids' University Summer Student Information 2017

*Please fill out completely*

Student Name: \_\_\_\_\_

Gender: M  F  Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Grade Entering '17: \_\_\_

Student Name: \_\_\_\_\_

Gender: M  F  Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Grade Entering '17: \_\_\_

Student Name: \_\_\_\_\_

Gender: M  F  Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Grade Entering '17: \_\_\_

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

Dad's Name: \_\_\_\_\_

Mom's Name: \_\_\_\_\_

Dad's Cell #: (\_\_\_\_) \_\_\_\_\_

Mom's Cell #: (\_\_\_\_) \_\_\_\_\_

Dad's Text #: (\_\_\_\_) \_\_\_\_\_

Mom's Text #: (\_\_\_\_) \_\_\_\_\_

Dad's Work #: (\_\_\_\_) \_\_\_\_\_

Mom's Work #: (\_\_\_\_) \_\_\_\_\_

Dad's Email: \_\_\_\_\_

Mom's Email: \_\_\_\_\_

Dad's Home #: (\_\_\_\_) \_\_\_\_\_

Mom's Home #: (\_\_\_\_) \_\_\_\_\_

***Please list known FOOD ALLERGIES:*** \_\_\_\_\_

## Person/persons other than parent to be contacted in case of Emergency:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone #: (\_\_\_\_) \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone #: (\_\_\_\_) \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone #: (\_\_\_\_) \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_\_

## Authorized Student Release

Students will be released to authorized individuals ONLY.

***All individuals listed on page one are authorized to pick up students.***

***\*\*Please note that if a person comes to pick up your child and is not on this list they will not be allowed to pick up your child! \*\****

**Make sure this list is kept current and updated.**

**Contact (1) Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_ Home Phone #: (\_\_\_\_\_) \_\_\_\_\_

**Contact (2) Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_ Home Phone #: (\_\_\_\_\_) \_\_\_\_\_

**Contact (3) Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_ Home Phone #: (\_\_\_\_\_) \_\_\_\_\_

**Contact (4) Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_ Home Phone #: (\_\_\_\_\_) \_\_\_\_\_

**Contact (5) Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_ Home Phone #: (\_\_\_\_\_) \_\_\_\_\_

**Contact (6) Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_ Home Phone #: (\_\_\_\_\_) \_\_\_\_\_

**Contact (7) Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_ Home Phone #: (\_\_\_\_\_) \_\_\_\_\_

**Contact (8) Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_ Home Phone #: (\_\_\_\_\_) \_\_\_\_\_

**I authorize the above individuals to sign for release of my child.**

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Parent/Guardian Signature

Date

## **General Release Form**

I agree to hold harmless Loma Linda Academy, Kids' University, Drayson Center, and Southeastern California Conference of Adventists, Their sponsors and all employees thereof, for liability arising from any accident or injury while my child is engaged in the activities associated with Kids' University. This includes but is not limited to sports, classes, field trips, and other activities. This specifically includes injury arising from the negligence on the part of those listed above. This recognizes a shared responsibility between school, student, and home. This does not include gross negligence on the part of those listed above. This does not waive coverage within the policy limits of student accident insurance, which covers school – sponsored activities.

**I have read the general release and understand its terms and conditions.**

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Parent/Guardian Signature

Date