

KACHEA CO-OP
Student Information/Medical Release/Waiver of Liability
Property Replacement Pledge/Commitment Pledge

Student's Name _____ M ___ F ___ Age _____ DOB _____ Grade _____

Address _____ City _____ State _____ Zip _____

Father _____ Home Phone _____ Work Phone _____

Mother _____ Home Phone _____ Cell Phone _____

Emergency Information: In an emergency when parents cannot be reached, please contact:

Name _____ Phone _____ Cell _____

Medical Information: (If there are any allergies you must fill out additional form)

No Known Allergies _____ Please check if there are no known allergies.

Allergies _____

Other medical conditions _____

Regular medicine _____

Student's Physician _____ Office phone _____

PARENT'S MEDICAL RELEASE AUTHORIZATION

My child is physically, mentally and emotionally capable of participating in a cooperative school with other students. I understand that during any of the classes there may be games that require physical exertion. While injury is unlikely, I understand that the possibility exists.

I give my consent to have a doctor of medicine provide my child with medical assistance and/or treatment if necessary and agree to be financially responsible for the reasonable cost of such assistance and/or treatment. I understand that treatment would be administered if, in the opinion of medical personnel, it is immediately necessary and I cannot be reached in reasonable time to give consent.

WAIVER OF LIABILITY

I understand that by accepting my child in the Co-Op program, I waive and release any and all rights and claims for damages that I may have against the Co-Op, host church, or any of their representatives, for injuries that may arise out of the program. Photos of my child may be used on the internet or in printed materials by KACHEA.

PROPERTY REPLACEMENT PLEDGE

I agree to be financially responsible for any and all property damage that may result from my child's actions or mine while in attendance at the Co-Op or its functions.

PLEDGE OF COMMITMENT

I have read the co-op guidelines and agree to them. I agree with and have signed the KACHEA statement of faith and Code of Conduct. By registering in the Co-Op I pledge to all of the other families involved that I will have my Co-Op duties as a priority in my life and will fulfill those duties to the best of my ability.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND HAVE WILLINGLY PLACED MY SIGNATURE BELOW AS EVIDENCE OF MY ACCEPTANCE OF ALL THE CONDITIONS MENTIONED.

SIGNED: _____ DATE _____