

Henderson Warrior Guides Program

Brave Commitment

PLEASE COMPLETE ALL INFORMATION AND RETURN TO ROCHELLE BAXTER, 3006 WEST 12TH STREET, CHESTER, PA 19013 ALONG WITH \$20 IN CASH OR MONEY ORDER BY 10/1/15, OR MAIL YOUR COMPLETED FORM AND \$20 TO KAREN HICKS, 914 KENMARA DRIVE, WEST CHESTER, PA 19380. 1ST COME 1ST SERVE UP TO 100 CHILDREN.

Child's Last Name: _____ Child's First Name: _____

Male or Female: _____ PLEASE ATTACH YOUR CHILD'S PHOTO TO THIS APPLICATION WITH A STAPLE.

School: _____ Grade in Fall 2015: _____

Address: _____

City: _____ Zip: _____ DOB: _____

Parent #1 Name: _____ Home #: _____

Email: _____ Cell #: _____

Parent #2 Name: _____ Home #: _____

Email: _____ Cell #: _____

Child lives with: _____ Relationship: _____

Other Emergency Contact Information:

Name: _____ Phone: _____

Tell us some of your child's favorite activities, interests and hobbies so that we can better pair him or her up with his or her mentor.

Please let us know if your child has any allergies or medical concerns:

We expect each parent to volunteer as a chaperone one time during the calendar year. Please indicate which month you would like to chaperone:

___ October, ___ November, ___ December, ___ January, ___ February,
___ March, ___ April, ___ May

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Brave Waiver Form

I do hereby assume full responsibility for any and all damages, injuries (including death), or losses that my child may sustain or incur, if any, while attending, practicing, participating or witnessing in any club exercise program, sport or physical activity occurring in or about the club premises or at any offsite location. I hereby assume full risk, waive all claims and release and hold B. Reed Henderson High School and the Andrew L. Hicks, Jr. Foundation, its instructors, or partners of said program or event, individually or otherwise, harmless for any and all claims for injuries or damages.

I am fully aware and understand that the club does not have on or about the club premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services.

In consideration of my child's participation in and the use of the Club's facilities, I hereby release and covenant not to sue the Club, its owners, shareholders, directors, officers, employees, representatives, agents, and lessees from any and all claims resulting from any physical injury that may occur to my child while participating in any program or event sponsored by the Warrior Guides or the Andrew L. Hicks, Jr. Foundation.

I have read and fully understand the above release/waiver and fully understand that I have given up substantial rights by signing this waiver voluntarily. **PARENT MUST PRINT, SIGN, and DATE BELOW.**

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

Date: _____

I hereby grant permission to the Warrior Guides club and the Andrew L. Hicks, Jr. Foundation to photograph my image and/or that of my minor child and to edit, crop, or retouch such photographs. I consent to permit those photographs to be used by the Warrior Guides and the Andrew L. Hicks, Jr. Foundation for any purpose, including education and advertisement purposes, and in any medium including print and electronic.

I have also read the Warrior Guides club **Description, Mission, Aims, and Expectations** and I will follow the **Rules** of the club. **BOTH CHILD AND PARENT MUST SIGN AND DATE BELOW.**

Child's Signature _____ Date _____

Parent Signature _____ Date _____