



## Tennessee Voices for Children's 2<sup>nd</sup> Annual Field Day

### Registration Form

Phone: 615-269-7751 Fax: 615-269-8914

Email: [tphipps@tnvoices.org](mailto:tphipps@tnvoices.org)

500 Professional Park Dr Goodlettsville, TN 37072

**Please complete one form for each child to be registered.**

**Parent/Guardian Name:** \_\_\_\_\_

Relationship to youth: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Parent/Guardian: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

#### Emergency Info

Alternate Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Please complete one form for each child to be registered.**

**Name of Youth:** \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please list any life-threatening allergies:\*\* \_\_\_\_\_

\_\_\_\_\_

I am requesting that this event be nut-free for safety: YES NO

Additional Notes (assistance with special needs, non-life threatening allergies, etc):

\_\_\_\_\_

\_\_\_\_\_

T-Shirt Size (please specify Youth/Adult size): \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE INITIALING AND AGREEING TO TERMS. THIS DOCUMENT INCLUDES A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.**

**LIABILITY RELEASE FOR ALL TENNESSEE VOICES FOR CHILDREN PROGRAMS:**

I understand that, while Tennessee Voices for Children is committed to thorough supervision of all camp activities, there are inherent risks in attendance at Tennessee Voices for Children Field Day. I understand and assume all associated risks of personal injury or loss, bodily injury (including death), damage to, loss, or destruction of any personal property occurring in connection with or arising out of Participant student's participation in Tennessee Voices for Children's Field Day event.

I authorize, in a medical emergency, after reasonable effort has been made to notify me, that Tennessee Voices for Children staff and/or volunteers may seek emergency assistance and medical treatment for Participant youth at the parent/guardian's expense. I certify that I have adequate insurance to cover any injury or damage youth may cause or suffer while participating, or I agree to bear the costs of such injury or damage myself.

**TENNESSEE VOICES FOR CHILDREN'S FIELD DAY TERMS AND CONDITIONS:**

**1. AGE POLICY**

Students must be **at between 10-17 years old** to attend Tennessee Voices for Children's Field Day. Please respect the stated age guidelines and only register your child(ren) for camps in their age group. Falsifying this information may result in your child being dropped from a camp.

**PHOTO RELEASE:**

Participants in Tennessee Voices for Children events are sometimes photographed and videotaped for use in promotional and educational materials. I understand that, if I provide consent herein, such audio, video, film and/or print images of Participant student may be edited, duplicated, distributed, reproduced, broadcast, and/or reformatted in any form and manner without payment of fees. I authorize Tennessee Voices for Children to record and photograph participant's image for research, educational and promotional purposes.

YES

NO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_