

Hitchcock Youth Consent / Emergency Form

A separate form for each student under 18 must be completed by a parent or guardian and returned to Hitchcock Academy. **No refunds unless a class is cancelled.**

Please print clearly

Child's Name _____ Grade _____ Age _____

Parent / Guardian _____

Address _____

Phone Number _____

E-mail _____

Registration for Class / Class Letter/Dates:

List all persons, including parents & guardians authorized to pick up the child after class with phone number(s).

Students are to be escorted to and from the instructors, inside the building to ensure student safety.

Name / Number(s)

Allergies / Medical Concerns? (i.e. bee allergies, asthma, nose bleeds, other)

Permission to walk/ride bike to HFA? Yes No

Permission to take publicity photos? Yes No

FRIEND's donation of \$3, \$5 or more? \$_____

Amount for Registration \$_____

Total enclosed: \$_____

I understand that HFA staff strives for safety for all and will not be held responsible for accidental injury to my child while attending class.

Parent / Guardian Signature

Date