



NAME of PARTICIPANT

ADDRESS _____

HOME # _____

CELL # _____

CHILD'S DOB _____

SIBLING'S NAME _____

SIBLING'S DOB _____

EMERGENCY CONTACT _____

PHONE # _____

FOOD ALLERGIES _____

OTHER IMPORTANT INFO:

As with any other experience there is always the possibility of an emergency situation.

Please sign to consent to medical consent in the unlikely chance that it should become necessary.

Guardian _____

Date _____

Primary Doctor _____

Phone # _____

Also please sign here for consent:

My child has permission to participate in the above mentioned program. I release liability claims and damages to personal injury and give my child permission for medical attention should it be needed.

Guardian _____ Date _____

Photographs:

I give consent for any photos taken to be allowed on website and or other Harmonious Kids related materials.

Guardian _____ Date _____

***Please make checks payable to Harmonious Kids and mail to:

P.O. Box 4243
Annapolis, MD
21403

We're really looking forward to our adventure together this summer.

Harmoniously,
Cindy Edwards
www.HarmoniousKids.com