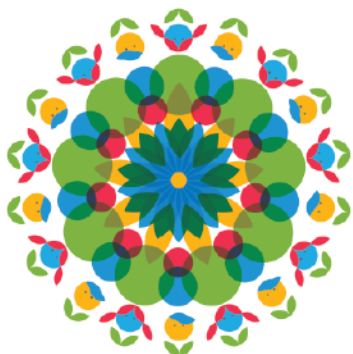




S  
E  
R  
V  
E



SAFE KIDS **SERVE** CHEROKEE COUNTY  
VOLUNTEER REGISTRATION FORM  
1130 BLUFFS PKWY CANTON, GA 30114

**VOLUNTEER INFORMATION**

NAME \_\_\_\_\_ TSHIRT SIZE S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ 2X \_\_\_  
EMAIL ADDRESS \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
HOME PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_  
PRESENT SCHOOL \_\_\_\_\_ PRESENT AGE \_\_\_\_\_ PRESENT GRADE \_\_\_\_\_  
IF ANY 8<sup>TH</sup> GRADER, WHAT SCHOOL WILL YOU ATTEND IN THE FALL? \_\_\_\_\_  
WILL YOU BE ABLE TO ATTEND TRAINING ON MONDAY MAY 30<sup>TH</sup> FROM 6 - 8 PM? YES \_\_\_ NO \_\_\_

**EMERGENCY CONTACT INFORMATION**

GUARDIAN #1 NAME \_\_\_\_\_ WORK # \_\_\_\_\_ CELL # \_\_\_\_\_  
GUARDIAN #2 NAME \_\_\_\_\_ WORK # \_\_\_\_\_ CELL # \_\_\_\_\_

**RELEASE OF LIABILITY/INDEMNITY** \*MODIFIED RELEASES WILL NOT BE ACCEPTED\*

I RELEASE AND WAIVE AND FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS SAFE KIDS CHEROKEE COUNTY, ITS MEMBERS, AGENTS, AND REPRESENTATIVES THEREOF, FROM ANY CLAIM FOR INJURIES, DAMAGES, OR LOSSES ARISING OUT OF, DURING, OR IN CONNECTION WITH THE ABOVE NAMED STUDENT’S PARTICIPATION IN THIS ACTIVITY, OR THE RENDERING OF EMERGENCY MEDICAL PROCEDURES OR TREATMENT IF ANY. IN THE EVENT OF AN EMERGENCY, I AUTHORIZE ANY MEDICAL TREATMENT THAT MAY BE NEEDED. I UNDERSTAND THAT IN THE EVENT OF AN INJURY, I WILL BE CONTACTED FIRST AND THIS WAIVER WILL ONLY BE NECESSARY IF MY EMERGENCY PERSON CAN NOT BE REACHED. I ALSO UNDERSTAND THAT MY CHILD MAY BE PHOTOGRAPHED/VIDEOTAPED DURING SAFE KIDS SERVE FOR USE IN THE PROMOTION OF THIS PROGRAM. I UNDERSTAND THAT ALL INFORMATION PROVIDED IS CONFIDENTIAL AND WILL REMAIN CONFIDENTIAL. I HAVE READ AND FULLY UNDERSTAND THIS SERVES AS A RELEASE OF LIABILITY TO SAFE KIDS SERVE.

STUDENT SIGNATURE \_\_\_\_\_  
GUARDIAN SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_