



Today's Date: _____

Contact and Permission Form (PLEASE PRINT CLEARLY)

Member's Name: _____ Sex: M F
Address: _____ Birth Date: _____
City: _____ State: _____ Zip Code: _____ County: _____
Home Phone Number: _____ Voice TTY VP
(Please Circle All That Apply)
Member's E-mail Address: _____
School Attending: _____ Grade: 3 4 5 6 7 8 9 10 11 12
(Please Circle One)

Parent's Information

Mother's Name: _____
E-mail Address: _____
Father's Name: _____
E-mail Address: _____

In Case Of Emergency, who do we contact?

1) _____ Phone Number: _____ Relationship: _____
(Name)
2) _____ Phone Number: _____ Relationship: _____
(Name)

Your Child's Primary Physician and Phone Number: _____

Medical Insurance: _____ Policy Number: _____

If necessary, do you have a preference of which hospital you want your child to go to?

Please list any allergies, special medications, restrictions or conditions for your child:

It is important that our staff be aware of all medical conditions.

Parent's Permission: (Please circle)

Yes No **PUBLICITY PERMISSION:** I agree that my child's photograph may be used in any bulletins, promotional brochures, newspapers, videotapes and/or news media for the purpose of promoting the DKTC program and services at DSC.

Yes No **EMERGENCY TREATMENT PERMISSION:** In the event reasonable attempts to contact me and the others at the numbers I have listed are unsuccessful: I hereby give my consent for the administration of any emergency medical treatment for the health and well-being of the child named in this application. I further agree not to hold the **Deaf Services Center** liable for any medical bills resulting from injuries that my child may incur during DKTC events.

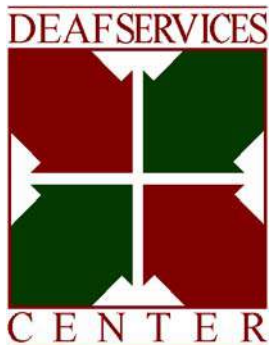
Yes No **VAN/CAR RIDE PERMISSION:** Deaf Youth program offers its members limited transportation services to and from selected places. If the services are available, I authorize Deaf Services Center's Deaf Youth program to provide this service to my child.

LIABILITY WAIVER: I understand the opportunity which has been given to me and my child to participate in Deaf Services Center's DKTC. When participating in these events, I understand that I waive and release all rights, demands and claims for damages against the organizers of these activities, the DSC officers, trustees, employees, volunteers, participants and all sponsors for any/all personal and property injury which may happen to me or my child during these events.

I am the parent/legal guardian of the child named in this application. I requested that my child be admitted to membership in the Deaf Kids & Teens Club program and give my permission for the activities described above.

(Parent/Legal Guardian Signature)

(Today's Date)



When completed, please send form to:

Deaf Services Center, Inc

Attn: DKTC/KODA

5830 N. High Street

Worthington, Ohio 43085

For questions, contact:

Call: 614.841.1991 V/TTY

614.515-6065 VP

614.841.4909 Fax

Email: youthprogram@dsc.org or tinias@dsc.org