



KIDS IN TRANSIT SUMMER PROGRAM



DEADLINE: May 23, 2011

APPLICATION

***THIS FORM MUST BE COMPLETED AND SIGNED BEFORE THE NAMED PARTICIPANT CAN BE ASSIGNED TO THE PROGRAM.**

		MALE	FEMALE

PARTICIPANT'S NAME	AGE		
_____	_____		
ADDRESS	DATE OF BIRTH	SCHOOL/GRADE	
_____	____/____/____	_____	
CITY	ZIP	HOME PHONE	T-SHIRT SIZE
_____	_____	_____	_____
PARENT/GUARDIAN	RELATIONSHIP	WORK PHONE	CELL PHONE
_____	_____	_____	_____
EMERGENCY CONTACT #1	RELATIONSHIP	HOME PHONE	
_____	_____	_____	
ADDRESS		WORK PHONE	CELL PHONE
_____		_____	_____
EMERGENCY CONTACT #2	RELATIONSHIP	HOME PHONE	
_____	_____	_____	
ADDRESS		WORK PHONE	CELL PHONE
_____		_____	_____

LIST ANY AND ALL PHYSICAL/MEDICAL CONDITIONS WHICH MAY AFFECT PARTICIPATION IN ANY KIDS IN TRANSIT SUMMER PROGRAM ACTIVITIES. PLEASE EXPLAIN:



KIDS IN TRANSIT SUMMER PROGRAM



LIST ANY MEDICATIONS PARTICIPANT IS TAKING:

FAMILY DOCTOR: _____ TELEPHONE _____

ADDRESS _____

ARRIVAL/DEPARTURE

(PLEASE INITIAL)

MY CHILD WILL BE RIDING THE MARTA TRANSIT SYSTEM, TO AND FROM THE KIDS IN TRANSIT PROGRAM EACH DAY. I UNDERSTAND THAT MY CHILD WILL BE DISMISSED EACH DAY BETWEEN THE TIME OF 4:45 PM AND 5:00 PM.

I WILL BE DROPPING OFF AND PICKING UP MY CHILD FROM THE PROGRAM EACH DAY BETWEEN 4:45 PM AND 5:00 PM.

PARENT/LEGAL GUARDIAN

I _____, GIVE MY CHILD _____, PERMISSION TO PARTICIPATE IN THE KIDS IN TRANSIT SUMMER PROGRAM AND PARTICIPATE IN ALL FIELD TRIPS. I DO HEREBY RELEASE MARTA AND THE MARTA POLICE DEPARTMENT FROM ANY AND ALL PRESENT AND FUTURE CLAIMS REGARDING PERSONAL OR BODILY INJURY TO SAID PARTICIPANT WHICH MIGHT RESULT FROM OR BE SUSTAINED DURING PARTICIPATION IN THE KIDS IN TRANSIT PROGRAM OR TRAVEL TO AND FROM THE PROGRAM.

I HEREBY GRANT MARTA POLICE DEPARTMENT THE RIGHT AND PERMISSION TO PUBLISH MY CHILD'S PHOTOGRAPHIC IMAGE FOR THE PURPOSE OF MARKETING LITERATURE AND PUBLICATION TO THEIR WEB SITE. IN GIVING MY CONSENT, I HEREBY RELEASE AND HOLD HARMLESS MARTA AND THE MARTA POLICE DEPARTMENT FROM ANY AND ALL RESPONSIBILITY OR LIABILITY. I UNDERSTAND THAT I WILL RECEIVE NO COMPENSATION, SHOULD ANY PHOTOGRAPHS OF MY CHILD BE USED.

I AUTHORIZE THE MARTA POLICE KIDS IN TRANSIT SUMMER PROGRAM LEADERSHIP TO TRANSPORT THE ABOVE NAMED PARTICIPANT TO THE NEAREST HOSPITAL IN CASE OF INJURY OR SUSPECTED INJURY WHILE THE PARTICIPANT IS INVOLVED IN KIDS IN TRANSIT PROGRAM ACTIVITY.

I AUTHORIZE THE HOSPITAL ATTENDING PHYSICIAN TO ADMINISTER EMERGENCY PROFESSIONAL MEDICAL CARE TO THE ABOVE NAMED PARTICIPANT UPON HIS/HER ARRIVAL AT THE HOSPITAL.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

RECEIVED: _____
OFFICER: _____
VERIFICATION _____