2017 SUMMER JUNIOR VOLUNTEER REGISTRATION FORM

140 E Park Ave. Lake Wales, FL 33853-4124 863-676-6678

NAME _____ Male Female

ADDRESS _____

HOME PHONE _____CELL PHONE _____

BIRTHDATE _____**2016/2017 School Grade** _____

E-MAIL _____CHURCH_____

Which Thursday(s) will you attend? **Must attend orientation at 8:30am before 1st day of work with parent/guardian*

_____June 15 at LW Store	**_____June 22 at Dundee Store**	**_____June 29 at LW Facility**	**_____July 6 at LW Store**
_____July 13 at Dundee Store	**_____July 20 at LW Facility**	**_____July 27 at LW Store**	**_____Aug 3 at Dundee Store**

*Parent/guardian please initial each line

_____ All Work Days MUST be registered for in advance.

_____ Student must not have any ongoing disciplinary issues.

_____ Student must have completed 6th grade.

_____ Parent is responsible for providing transportation to and from work location.

_____ Work time is from 9am-Noon each Thursday.

LW Store	**Dundee Store**	**LW Facility/Main Office**	
Manager Kathy Leis	**Manager John Wood**	**Fox Rawlings**	*Please notify us if student cannot attend day registered for.
201 N Scenic Hwy	27889 Hwy 27	140 E Park Ave	
Lake Wales	Dundee	Lake Wales	
863-678-0245	863-439-6000	863-676-6678	

EMERGENCY CONTACT PERSON(S)

Name _____ Relationship _____Phone(s) _____

_____

Name _____ Relationship _____Phone(s) _____

_____

FAMILY PHYSICIAN _____ PHONE _____

INSURANCE PROVIDER _____

POLICY NO. or GROUP NO. _____

Please list any medical allergies, medications being taken, medical problems, or other pertinent information:

_____

_____

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READ THIS FORM COMPLETELY AND CAREFULLY.

YOUR CHILD'S PHOTOGRAPH MAY BE USED IN FUTURE CARE CENTER PUBLICATIONS.

I UNDERSTAND THAT IN THE EVENT MEDICAL TREATMENT IS REQUIRED FOR MY CHILD, EVERY EFFORT WILL BE MADE TO CONTACT ME. HOWEVER, IF I CANNOT BE REACHED, I GIVE MY PERMISSION TO THE STAFF OR SPONSOR TO SECURE THE SERVICES OF A LICENSED PHYSICIAN AND/OR OTHER NECESSARY HEALTH CARE PROVIDER TO PROVIDE THE CARE NECESSARY, INCLUDING ANESTHESIA, FOR MY CHILD'S WELL-BEING.

YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF LAKE WALES CARE CENTER USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE INJURED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S RIGHT TO RECOVER FROM LAKE WALES CARE CENTER, OR VOLUNTEERS OR STAFF THEREOF, IN A LAWSUIT FOR ANY PERSONAL INJURY TO YOUR CHILD OR ANY PROPERTY DAMAGE RESULTING FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND LAKE WALES CARE CENTER HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Parent/Guardian:

_____ _____

(print) (sign)

STATE OF _____

The foregoing instrument was acknowledged before me this ____ day of _____ , 2017, by

_____ , who is personally known to me or who has produced

_____ as identification and who did not take an oath.

_____

Notary Public

My Commission Expires: _____

(SEAL)

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Return to: Lake Wales Care Center
140 E. Park Ave.
Lake Wales, FL 33853-4124
863-676-6678