



2024 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 _____ **2023/2024 School Grade** _____

E-MAIL _____ CHURCH _____

Parent/guardian please initial each line

_____ Parent and student **must attend orientation** to be scheduled when registration is approved

_____ All Work Days **MUST** be registered for in advance.

_____ Student must not have any ongoing disciplinary issues.

_____ Student will be transported and supervised by a staff member or college-aged intern.

_____ Student must have completed 6th grade.

_____ Student must be dropped off and picked up on time at main office.

_____ Work time is from 9am-Noon each Tuesday, Wednesday, & Thursday.

[You may sign up for Volunteer days at Orientation.](#)

EMERGENCY CONTACT PERSON(S)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

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 _____, 2024, 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)

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