

Program Release
Valid for all Leonardo's programs from 2018

Child's Name _____ Date of Birth _____

Name(s) of Custodial Parent(s) _____

Address _____ City, State, Zip _____

Home Phone _____ work/cell phone _____ email _____

Emergency contact/daytime phone _____

Special needs/food allergies _____

Child's Physician's name/phone _____

Release Form:

In case of a medical emergency and I cannot be reached, I being the parent, legal guardian or person authorized to execute this release for the child named above hereby authorize a Leonardo's Discovery Warehouse staff person to contact my family physician and to transport my child to the nearest hospital or to call for an ambulance immediately as the need requires.

I Do/Do not (Circle One) Consent that any videos or photographs made of my child during their programs or classes may be used in future publications. All photos and video shall be the property of Leonardo's Discovery Warehouse and may be used free of any claim.

Standard of Behavior: I understand that my child will be expected to honor Leonardo's behavior rules and show respect for all other program participants. If not, I understand that disciplinary action could be taken, including, but not limited to, dismissal from the program, without any fees refunded.
NO CELL PHONES OR FLIP FLOPS ALLOWED AT CAMP.

Picture I.D. required to pick up students from all programs. ***Students must be signed in and out each visit.*** In addition to the person signed below, my child may be released to the following people:

1 _____

2 _____

3 _____

Signature of Custodial Parent/Guardian

Date _____