

SOUTHEAST REGIONAL TRAINING INSTITUTE

Alabama · Georgia · Mississippi · South Carolina

**REGISTRATION FORM**

**PARTICIPANT'S INFORMATION:**

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Participant's Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**PARENT/GUARDIAN'S INFORMATION:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**TRANSPORTATION CONSENT AGREEMENT**

I, the undersigned parent/guardian of the above listed participant, a minor, authorize the class teachers, leaders or their assistants who are 18 years old or older, to transport my child(ren), identified above, to and from the activities in a vehicle or other means as necessary.

Parent/Guardian Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

**Photo Consent Agreement**

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I further authorize the Southeast Regional Training Institute or its designated representative, permission to use my child's name, likeness or image in any printed or electronic material for the purpose of documenting, reporting and promoting the programs of the Southeast Regional Training Institute.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**MEDICAL RELEASE FORM**

I, the undersigned parent or guardian of \_\_\_\_\_, a minor, do hereby authorize the Southeast Regional Training Institute or its designated representative or agent(s) for the undersigned, including the designated hosts and chaperones, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. As the parent/guardian of a minor under the age of 18, I understand that this authorization enables the Southeast Regional Training Institute, or its designated representative or agent(s) for the undersigned, including the designated hosts and chaperones, to arrange medical care for my dependent minor in the event I am unavailable.

I understand that I am responsible for payment of any and all medical expenses incurred on behalf of my dependent minor. This authorization shall remain effective from the date below for up to a year unless specified, while my child is attending Southeast Regional Training Institute activities.

Parent/Guardian Signature:

Date: \_\_\_\_\_

Emergency Contact Name and Telephone:

\_\_\_\_\_

Family Physician Name and Telephone:

\_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Additional Emergency Contact (in the event parent cannot be reached):

Name: \_\_\_\_\_ Phone : \_\_\_\_\_

List Allergies, Handicaps, Limiting Health Conditions, Medications, Reactions to Medications:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT**

Minor participant's name: \_\_\_\_\_

Additional Minor participants with the same parent/guardian may be listed here:

\_\_\_\_\_

I understand that during participation in the event, one may be exposed to risks and dangers inherent in the activity itself, exposure to forces of nature, and possible accident or illness.

Parent/guardian has advised the event sponsor of any special needs of the participant or activities in which the participant should not participate.

I understand that, although precautions have been taken to provide proper organization, supervision, instruction, and equipment for the event, it is impossible to guarantee absolute safety. I understand that I share responsibility for the safety of the participant and assume that responsibility.

I hereby assume all risks and dangers and indemnify and hold harmless the National Spiritual Assembly of the Bahá'ís of the United States, the Southeast Regional Training Institute, the Southeast Regional Bahá'í Council, as well as their directors, officers, agents, representatives and employees, including the designated hosts and chaperones, and all groups and persons connected herewith, from all actions, causes of actions, suits and any claims, demands, and liabilities whatsoever, both in law and equity, in connection with participating in this event, except in cases of gross negligence.

The terms hereof shall be binding on my executors, heirs, administrators, and assignees, and shall serve as an assumption of risk and general release for the participant while participating in this event.

I have read, acknowledged and understood the foregoing statement.

Parent/Guardian's printed name \_\_\_\_\_

Parent/Guardian's signature \_\_\_\_\_ Date Signed \_\_\_\_\_

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**PROGRAM PERMISSION FORM**

The Southeast Regional Training Institute is planning a \_\_\_\_\_  
\_\_\_\_\_ (the "Program").

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Start Time \_\_\_\_\_

End Date \_\_\_\_/\_\_\_\_/\_\_\_\_ End Time \_\_\_\_\_

Location \_\_\_\_\_

Time and place of departure \_\_\_\_\_

Time and place of return \_\_\_\_\_

Mode of transportation \_\_\_\_\_

Adults accompanying the group:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Each participant will need (special equipment, clothing, money for expenses, etc):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child \_\_\_\_\_ has permission to participate in the

Program, and, if applicable, to stay with a host family as designated by the Southeast Regional Training Institute (including, but not limited to, the following host family: \_\_\_\_\_).  
\_\_\_\_\_

Parent/Guardian's Printed Name:

\_\_\_\_\_  
Parent/Guardian's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_