CHAMPS
CHurches as Mentoring Partners with Schools
12316 Olalla Valley Road, Olalla, WA 98359
Email: SKCHAMPS@champsmentoring.org
Website: champsmentoring.org
Phone: 253-225-1270

Parent / Guardian Permission and Release Form

Child's Name _____ Date _____

Parent/ Guardian's Name(s):

_____ _____

Address

_____

City _____ State _____ Zip _____

Home Phone: _____ Work: _____ Cell: _____

E-mail _____

Emergency Contact(s)

_____

Emergency Phone #:

_____

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Insurance Company: _____ Policy #: _____

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

_____

_____

This information will remain on file in the CHAMPS office. Please update as necessary.
I/we am/are the custodial parent(s) and/or legal guardian(s) of ***(child's Name)*** _____, a minor, with full authority to grant the permission granted in this form.

I hereby authorize ***(child's Name)*** _____ to participate in the **CHAMPS** Mentoring program in the context of a one-on-one mentoring relationship under the auspices of **CHAMPS** whether that be on public school property, somewhere in the public business arena, an area church property, the mentor's property or some other agreed upon location. In the event that any illness or accident should befall my child while participating in these activities, I hereby request and authorize any adult conducting such activity to secure emergency medical treatment at any hospital or by any qualified medical personnel for said child and agree to pay for the same.

I recognize that some activities will require that volunteer drivers transport passengers to and from various activities and events. Passengers, who ride with volunteer drivers or mentors, and parents or guardians of the passengers, must assume the risk should an accident occur. In no event will **CHAMPS** be held responsible. I understand that I am waiving for my child and myself all claims against **CHAMPS** and it's staff members, employees, and volunteers for injury, accident, illness, or death occurring during or by reason of any activity during the mentoring relationship.

I understand that **CHAMPS** is fully and solely responsible for its mentoring program.
I also understand that the **CHAMPS** mentoring program is an entirely voluntary program that is not formally associated with any school, public or private. And that the **CHAMPS** program and mentoring sessions may take place in a variety of settings that are not controlled, owned or operated by any school, public or private, government agency, church, or by **CHAMPS** itself. Though various schools, churches ands government agencies support this private initiative and the nationwide efforts to encourage grassroots mentoring programs for young people, said organizations exercise no supervision or control over **CHAMPS** and are not liable for any acts or omissions of **CHAMPS**, its employees, agents and volunteers.

I hereby release and hold harmless CHAMPS and its representatives, including both the volunteer mentor(s) and professional personnel, from any claim for damage of any kind that may befall said child during the course of the CHAMPS mentoring program. This release hereby releases any personal claims that I may have, as well as any claims of my child."

Parent/Guardian Signature
_____ Date _____

Parent/Guardian Signature
_____ Date _____

Background Information on your child

(use the back or extra paper if needed)

Are there any physical, mental, medical or heath problems we should be aware of?

_____

_____

What are your child's favorite things to do?

_____

_____

Does your family have pets? Y/N What kind_____

What are your child's favorite things about school?

_____

_____

What is his/her favorite subject?

_____

_____

Are there any family or background problems (History) that would be helpful for us to know?

_____

_____

Is he/her going through any personal difficulties at this time? Explain

_____

_____

Is he/her involved in a local church, youth group or community sport in the area?

_____

_____

If so which one's

_____

_____

What other things would be helpful for the CHAMPS mentor to know about your child to make it easier to get acquainted and be a positive help in their life?

_____

_____

_____

_____

Signed: _____ Date: _____