



The Pilot House
Special Needs Center

VOLUNTEER REGISTRATION

Child's Name D.O.B. Age Gender

School Grade

Parent's / Guardian's Name Parent's / Guardian's Name

Address City State Zip Code

Home Phone Cell Phone Emergency Number

Parent's Email Address

MEDICAL INFORMATION

Pediatrician Name Phone

Dentist Name Phone

Preferred Hospital

Insurance Company Policy Number

Allergies / Special Health Considerations

PLEASE COMPLETE BOTH SIDES

Child's Name: _____

PROGRAM SELECTION

Program selection

Day/ Time

Program selection

Day / Time

I hereby certify the minor is my son/daughter and that his/her date of birth is noted and I do hereby certify that to the best of my knowledge and belief said minor is in good health. I understand the procedures as stated in the training material and information sheets that were provided by TPH staff during training sessions. I understand that my child has committed to attend above class/classes for a six-week period of time and in the event of illness or not attending class, said child or parent will contact The Pilot House at (203) 292-8452 OR info@thepilothouse.org.

I understand the risks to my child in volunteering in activities, particularly physical activities. I take responsibility for these risks and agree to indemnify and hold harmless TPH staff and its officers, the Town of Fairfield, and the Fairfield Board of Education, in the event my child sustains an injury.

In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. **I hereby advise that the above named minor has had the following allergies, medicine reactions or unusual physical conditions that should be made known to a treating physician. If none write "none".**

*Photos are taken during programs for use of slide shows, scrap books, social story stories and grant applications. In the event that you **DO NOT** want photos to be taken, please initial_____.

Name of Parent / Guardian (**Please Print**) _____

Signature _____

Date: _____

PLEASE COMPLETE BOTH SIDES