



**Kids' University**  
**LLA Student Information**  
**2017-18**

*Please fill out completely*

Student Name: \_\_\_\_\_ Gender: M  F

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade Entering '17: \_\_\_\_

Known FOOD ALLERGIES: \_\_\_\_\_

Student Name: \_\_\_\_\_ Gender: M  F

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade Entering '17: \_\_\_\_

Known FOOD ALLERGIES: \_\_\_\_\_

Student Name: \_\_\_\_\_ Gender: M  F

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade Entering '17: \_\_\_\_

Known FOOD ALLERGIES: \_\_\_\_\_

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

**Parent or Guardian Emergency Contacts/Authorized Release:**

Name: \_\_\_\_\_ Relationship (circle one): Father / Mother / Guardian

Cell Phone #: (\_\_\_\_) \_\_\_\_\_ Text #: (\_\_\_\_) \_\_\_\_\_

Work Phone #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship (circle one): Father / Mother / Guardian

Cell Phone #: (\_\_\_\_) \_\_\_\_\_ Text #: (\_\_\_\_) \_\_\_\_\_

Work Phone #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Additional Emergency Contacts/Authorized Release:**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone #: (\_\_\_\_) \_\_\_\_\_ Work/Home Phone #: (\_\_\_\_) \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone #: (\_\_\_\_) \_\_\_\_\_ Work/Home Phone #: (\_\_\_\_) \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone #: (\_\_\_\_) \_\_\_\_\_ Work/Home Phone #: (\_\_\_\_) \_\_\_\_\_

## Authorized Student Release

**Students will be released to authorized individuals ONLY.**

**\*\* Please note that if a person comes to pick up your child and is not listed on this form they will not be allowed to pick up your child! \*\***

**Please keep this list current and updated.**

**Contact (4)** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone #: (\_\_\_\_) \_\_\_\_\_ Work/Home Phone # : (\_\_\_\_) \_\_\_\_\_

**Contact (5)** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone #: (\_\_\_\_) \_\_\_\_\_ Work/Home Phone # : (\_\_\_\_) \_\_\_\_\_

**Contact (6)** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone #: (\_\_\_\_) \_\_\_\_\_ Work/Home Phone # : (\_\_\_\_) \_\_\_\_\_

**Contact (7)** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone #: (\_\_\_\_) \_\_\_\_\_ Work/Home Phone # : (\_\_\_\_) \_\_\_\_\_

**Contact (8)** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone #: (\_\_\_\_) \_\_\_\_\_ Work/Home Phone # : (\_\_\_\_) \_\_\_\_\_

**Contact (9)** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone #: (\_\_\_\_) \_\_\_\_\_ Work/Home Phone # : (\_\_\_\_) \_\_\_\_\_

**Contact (10)** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone #: (\_\_\_\_) \_\_\_\_\_ Work/Home Phone # : (\_\_\_\_) \_\_\_\_\_

**Contact (11)** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone #: (\_\_\_\_) \_\_\_\_\_ Work/Home Phone # : (\_\_\_\_) \_\_\_\_\_

**I authorize all individuals listed on both sides of this form to sign for the release of my child.**

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Parent/Guardian Signature

Date

## **General Release Form**

I agree to hold harmless Loma Linda Academy, Kids' University, and Southeastern California Conference of Adventists, their sponsors and all employees thereof, for liability arising from any accident or injury while my child is engaged in the activities associated with Kids' University. This includes but is not limited to sports, classes, and other activities. This specifically includes injury arising from the negligence on the part of those listed above. This recognizes a shared responsibility between school, student, and home. This does not include gross negligence on the part of those listed above. This does not waive coverage within the policy limits of student accident insurance, which covers school – sponsored activities.

**I have read the general release and understand its terms and conditions.**

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Parent/Guardian Signature

Date