Use One Form per Child. Please print.

| Child's First & Last Name | Age |
|---|--|
| Parent's Name | |
| Street Address | |
| City | State Zip |
| Cell Phone number (where parent may be reached during OR | g CHEA's Parenting & Homeschool Conference) |
| Special medical needs (allergies, medications, etc.) | |
| | |
| Medical Consent Authorization and Release | |
| I understand and hereby agree to assume all of the risks which Home Educators Association of California's Parenting & Hom Educators Association of California, including activities prelin Christian Home Educators Association of California and Calva harmless from any and all liability, actions, causes of actions, child or property, which I now have or which may arise in the other associated activities. | neschool Conference, hosted by the Christian Home minary and subsequent thereto. I do hereby agree to hold the vary Chapel Downey, their employees and volunteers, claims, expenses, and damages on account of injury to my |
| In the event that my child becomes injured or ill during any gas Association of California and Calvary Chapel Downey, or their a physician or hospital, and I agree to assume all financial obligations. | ir representatives, to secure first aid and/or the services of |
| I understand the Christian Home Educators Association of Calsafe manner and that my children are required to follow the rule | |
| I permit Christian Home Educators Association of California to children are at CHEA's Parenting & Homeschool Conference a promoted, or organized by Christian Home Educators Association any legitimate purposes. | and engaged in any activity or event sponsored, |
| Signature of Parent or Guardian | Date |