



Soule Homestead Education Center

46 Soule Street, Middleboro, MA 02346
PH-508.947.6744 FAX- 508.946.8559

educator@soulehomestead.org www.soulehomestead.org

Children's Program Registration & Medical Release Form

Name of Program _____ Date of Program _____

Childs Name _____ Age _____

Parent/Guardian's Name _____

Address _____ Town _____ Zip Code _____

Home phone _____ Cell phone _____ e-mail _____

Soule Homestead Member _____ Yes _____ No

Emergency Contact Name _____ Phone _____

Emergency Contact Name _____ Phone _____

Health Information

Doctor's Name _____ Doctor's Phone _____

Name of Insurance Company _____ Phone _____

Name of Insured _____ Policy Number _____

Insurance Company Address _____ Employer _____

Does your child have any medical conditions we should be aware of?

Allergies _____ Insect Stings _____ Drugs _____

Other conditions: ___ Heart Condition ___ Diabetes ___ Asthma
 ___ Epilepsy ___ Hearing Aids ___ Glasses/Contacts
 ___ Physical handicap ___ Activity restrictions

If you checked any of the above, please give details: _____

Is your child on any medications? If so, please list: *(Please be aware that staff and volunteers at Soule Homestead are not allowed to administer any medications, except topical medications, like sunscreen & bug spray, only if provided by parents)* _____

Topical medications, that I have provided, may be administered to my child: Yes _____ No _____

In the event of an emergency, do we have your permission to perform first aid and/or to seek medical help? _____ Yes _____ No Hospital Preference _____

I certify the above named student is my child (or under my legal guardianship) and resides with me. The information I have provided is true to the best of my knowledge.

Signature of Parent or Guardian

Date

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Indemnification/Release Agreement (please read carefully and sign)

I _____ of _____
(Name) (Street, Town, State)

give permission for my child, _____, to participate in activities at the Soule Homestead Education Center. I understand these activities may include handling farm animals, hiking, playing outdoor games, making crafts, cooking, gardening, light construction and other farm related activities, and acknowledge the inherent risks involved in each type of activity. I hold the Soule Homestead, its employees, volunteers and directors in no way responsible for any injury that my child may incur while participating in supervised programs at the Soule Homestead Education Center.

I give permission for my child to receive medical treatment in the event of an emergency while he/she is attending programs at the Soule Homestead Education Center Inc. I hold the Soule Homestead, its employees, volunteers and directors in no way responsible for any harm that may come to my child as a result of such treatment.

In consideration of the Town of Middleborough permitting the Soule Homestead Education Center, Inc. to carry on certain activities under a license on or about the Town of Middleborough's property located on and off Soule Street in Middleborough, Massachusetts known as the Soule Homestead and in consideration of other valuable considerations, the receipt of which is hereby acknowledged. I hereby: (1) Release the Town of Middleborough and its officers, agents, and employees from any and all claims for damage, for personal injuries, loss of life, or property damage, which I may have in the future against the Town of Middleborough or its officers, agents, and employees, resulting from or in any way connected with my use of the said property as authorized by The Soule Homestead Education Center, Inc. except for damage caused by the negligence of the Town of Middleborough. (2) I further agree to indemnify and hold the Town of Middleborough and its officers, agents, and employees, harmless from and against any and all liability claims brought by anyone for personal injuries, loss of life, or property damage arising from, caused by, resulting from, or in any way connected with my use of the property except for damage caused solely by the negligence of The Town of Middleborough.

Signature of Parent or Guardian _____ Date: ____/____/____

Media Release Agreement

I give my permission for my child's name and/or photo to be used in news articles, website, other promotional materials and/or social media for Soule Homestead Education Center.

I do not give my permission for my child's name and/or photo to be printed in news articles, website, other promotional materials and/or social media for the Soule Homestead Education Center.

Signature _____ Date ____/____/____