

marta

Junior Transit Ambassadors

The Big Game 2019

CHILD'S NAME:	Shirt Size:
Home Address:	Parent Email:

PARENT EMERGENCY PHONE NUMBERS			
** Parents will have authorization to pick up their child unless there is a court order attached. **			
Name	Phone Number	<i>Home/Cell</i>	Relationship
Authorized Pick Up List			
Name	Phone Number	<i>Home/Cell</i>	Relationship

MEDICAL HISTORY

Special Needs <input type="checkbox"/> Needs Medication <input type="checkbox"/> Diabetic <input type="checkbox"/> Convulsions <i>Please give us any information that will help your child have a fun and safe experience with us.</i>	<input type="checkbox"/> Food Allergies <input type="checkbox"/> Carries Epi-pen <input type="checkbox"/> Asthma Inhaler <input type="checkbox"/> Other _____
ALLERGIES / MEDICATIONS / PAST INJURIES Allergies: _____ Current Medications: _____ Administering time _____ Other injuries requiring attention: _____ _____	
Are there any circumstances concerning your child's safety that we need to be aware of? 	

PARENT/LEGAL GUARDIAN

I _____, give my child _____, permission to participate in the Junior Transit Ambassador Program. I do hereby release MARTA from any and all present and future claims regarding personal or bodily injury to said participant which might result from or be sustained during participation in the Junior Transit Ambassador Program or travel to and from the program.

I hereby grant MARTA the right and permission to publish my child's photographic image for the purpose of marketing literature and publication to their web site. In giving my consent, I hereby release and hold harmless MARTA from any and all responsibility or liability. I understand that I will receive no compensation, should any photographs of my child be used.

I authorize MARTA Junior Transit Ambassador program leadership to transport the above-named participant to the nearest hospital in case of injury or suspected injury while the participant is involved in the Junior Transit Ambassador Program activity.

I authorize the hospital attending physician to administer emergency professional medical care to the above-named participant upon his/her arrival at the hospital.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____