



Parental Agreement

I hereby certify that the below mentioned participant is in good health and fully able to participate in all activities at Group Dynamic. I understand that every effort is made to assure the safety of my child during these group activities but recognize that there is the possibility of physical injury associated with these activities and in consideration for Group Dynamic accepting my child into its program, I hereby release, discharge, and/or otherwise indemnify Group Dynamic, its employees and associated personnel, as well as the North Reading Lodge and its associated personnel against any claim by or on behalf of my child as a result of his/her participation in the program.

In the event neither parent can be reached in an emergency, I hereby give permission to the physician selected by the president of Group Dynamic to provide treatment for my child.

Child's name

Parent's signature

Date

<i>Mother:</i> _____	
() _____	() _____
Phone (home)	Phone (work)
() _____	_____
Phone (cell)	email

<i>Father:</i> _____	
() _____	() _____
Phone (home)	Phone (work)
() _____	_____
Phone (cell)	email

<i>Other emergency contact:</i> _____
Phone: () _____

<i>Pediatrician:</i> _____
Phone: () _____

Current medication(s): _____

Any allergic reactions to medications: _____

Operations, serious injuries or illness: _____

Health Insurance Carrier: _____

Policy #: _____