



AMERICA'S CAR MUSEUM®

STUDENT PARTICIPATION FORM
JUNIOR JUDGES @ THE GREAT RACE SHINE TIME CAR SHOW 2019

STUDENT INFORMATION

Name: _____ Date of Birth: _____ Grade: _____
Street Address: _____ Town: _____ Zip: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name(s): _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship to student: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

IF STUDENT WILL BE PICKED UP BY SOMEONE OTHER THAN A PARENT OR GUARDIAN:

Name of Approved Guardian: _____ Relationship to student: _____

MEDICAL INFORMATION

- 1. Has the student had any injuries, operations, or illnesses in the past year? If so, please explain: _____
2. Does the student have any physical/emotional limitations that might need to be accommodated? If so, please explain: _____
3. Health Care Insurer/ID #: _____
4. Name of Physician: _____ Phone Number: _____
5. Is there anything else we should know? _____

RELEASE FORM

I understand and agree that neither LeMay – America's Car Museum nor its employees will be liable for injuries resulting from accidents or unanticipated occurrences beyond their control.

In case of illness or accident, I request that the program contact me. If I cannot be reached or the emergency contact can't be reached at the numbers I have provided, I authorize and direct program personnel to seek emergency medical care or take other action they believe is necessary under circumstances to protect the best interests of the child. If my child is taken for emergency medical treatment, I hereby authorize the attending physician to administer the emergency treatment he/she believes is appropriate, and I agree to pay any resulting expense.

I understand that photographs and/or video may be taken for use by the Museum and used for market purposes and for presentations. I give permission for my child's photo to be taken and used, and I give permission for my child to appear in videos made in the program.

I understand and accept that volunteers, including other parents, high school students, and members of the community may assist in the operation of the Junior Judge Program.

I have read the above form and my signature below indicates that I have provided my consent for my child to participate in the program under the terms described above.

Parent/Guardian Signature

Date