

# 109th Annual Conference

Christian Vet Fellowship Child Care Registration Form

Saturday, April 2, 5:30-9 p.m.

Cost \$20 for the first child in a family; \$10 for each additional child

Parent Name(s)/Address/Cell Phone Number

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Other Important Information

(**CLASS YEAR**, allergies, etc....Please include AUHCC Room # if applicable or hotel info)

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Child's/Children's Name(s) & Ages

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Emergency Contact & Phone Number

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### Full Disclosure, Informed Consent to Participate and Liability Release

I am the parent or legal guardian of above named child(ren). By my signature, I grant my permission to allow the above named minor(s) to attend and participate in activities of the Child Care session. I hereby perpetually release the Christian Vet Fellowship, Auburn University, the Board of Trustees and The Hotel at Auburn University & Dixon Conference Center, officers, staff members, employees, volunteers, and sponsors from any and all liabilities and/or claims that may arise from my decision to place my minor(s) in this child care session.

I also assume all responsibility and liability for any property that is lost, stolen or damaged, and/or for any injury, accidental or intentional, to the above named minor(s) while at the Child Care session and its surrounding areas.

**Signature of Parent or Legal Guardian:**

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Date: