Make-A-Wish®
PHILADELPHIA, DELAWARE & SUSQUEHANNA VALLEY

WISH KID/SIBLING REGISTRATION

2018

ONE WISH KID or SIBLING PER FORM PLEASE!

Child's First Name: _____ Child's Last Name:_____

Child is a (check one): _____wish kid _____ sibling of (wish kid's name): _____

Child's Address: _____ City, State, Zip: _____

Parent/Guardian Cell Phone:_____ Alternate phone:_____

Parent/Guardian email:_____@_____

IF THE WISH KID OR SIBLING YOU ARE REGISTERING WOULD LIKE TO RIDE IN THE CONVOY PLEASE COMPLETE THE FOLLOWING:

Is there a particular driver or company the wish kid you would like to ride with? (yes or no)? _____

If yes, please list the driver/company here: _____

Can we share your cell phone number with the driver to help coordinate meeting up?_____

What is the current age of the child?_____ Is the child in a wheelchair? _____

Occasionally the drivers will purchase a t-shirt or small gift for the child that has been assigned to them.

Can you tell us the wish kid's current shirt size, and what their currents interests are? _____

_____

PLEASE READ AND SIGN ATTACHEDWAIVER

Please list all family members (*IMMEDIATE FAMILY MEMBERS ONLY (parents/guardians and siblings)) attending the non-wish activity with the wish child.

Name:_____Relationship to child: _____ Age:_____

Name:_____Relationship to child: _____ Age:_____

Name:_____Relationship to child: _____ Age:_____

Name:_____Relationship to child: _____ Age:_____

Name:_____Relationship to child: _____ Age:_____

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Wish Child Waiver and Release

I hereby give permission for said child, named above, to attend and/or participate in a Non-Wish related activity as follows:

29th ANNUAL MOTHER'S DAY CONVOY

SUNDAY, MAY 13, 2018 at Burle Business Park, 1000 New Holland Ave, Lancaster County, Lancaster, PA 17601

and authorize(s) the Make-A-Wish Foundation® of Philadelphia, Delaware & Susquehanna Valley (MAWFPDSV) in the event of an emergency, to obtain medical treatment for the above named child in the event that the undersigned cannot be contacted. In that connection, the undersigned hereby release (s) and hold(s) harmless the Make-A-Wish Foundation® of America (MAWFA), MAWFPDSV, their agents, employees, officers and directors from and against any and all liability, damages and claims of any kind, known or unknown, which may result from or arise out of participation by the undersigned and/or above named child in this Non-Wish activity. This includes but is not limited to accidental injury or death arising out of transportation to or from the event, food, entertainment and medical conditions or treatment of any kind. This agreement also holds harmless the owner(s) of the activity site, their agents, employees, heirs, officers and directors from the MAWFPDSV above named non-wish activity location.

The undersigned acknowledges reading and understanding the Liability waiver prior to signature(s) or participating in the non-wish activity. The signature(s) of the undersigned is/are binding upon both the undersigned, the child, as well as anyone else, such as relatives or others who could otherwise seek recovery because of such injury or death (i.e. their respective successors, heirs, assignees and personal representatives.) It is also herein stated and required that the names of all family members participating in this non-wise activity be inserted on the reverse side of this document and that, in all cases, MAWFPDSV, MAWFA, their employees, agents officers, directors, heirs and successors be held harmless in all instances for each individual listed as participant in this non-wish related activity.

_____ _____

(Parent/Guardian Signature) (Parent/Guardian Signature)

_____ _____

(Print Name) (Print Name)

Date _____

ALL WISH CHILD REGISTRATION INFORMATION MUST BE RECEIVED BY APRIL 13, 2018