

# Special Event Registration Form

## 2020 Army MWR Backpack Giveaway

Name of Sponsor (Last, First/MI):	Rank/Grade:	Status (check one): <input type="checkbox"/> Active Duty <input type="checkbox"/> Civilian <input type="checkbox"/> Other _____	Branch of Service:
Cell Phone:		Alternate cell phone:	
Hosting Unit/Organization Event Title & Dates:			
E-Mail Address			
Name of Spouse (Last/First/MI):	Rank/Grade:	Status (check one): <input type="checkbox"/> Active Duty <input type="checkbox"/> Civilian <input type="checkbox"/> Other _____	Branch of Service:
Where will you be while your child(ren) are in our program?		Is anyone else picking up your child? Provide Name & Relationship	
Name of Child (Last/First/MI)	Gender	Date of Birth	Age

Does your child(ren) have any special needs or physical limitations? ☐ Yes ☐ No

Are your child(ren) Immunization record(s) up-to-date? ☐ Yes ☐ No

Is there other important information and/or concerns about your child(ren)? ☐ Yes Please let staff know:

- If your child has any potential life-threatening allergies or health conditions which could require immediate medical attention (e.g. peanut allergies, bee-sting allergies, asthma or diabetes).
- If your child generally takes a medication auto-injector (e.g. EpiPen or Twinject), nebulizer, or any other medication to treat emergency situations. KOS staff is trained to administer these medications, but only in emergency situations.

### Sponsor Consent

"As legal guardian, I give my permission for the child(ren) named on this form to participate in all the activities associated with the KOS Program. I give my consent to KOS staff to administer first aid and/or to take my child(ren) to a medical facility to secure proper treatment, including anesthesia, hospitalization, or surgery. I also understand that a conscientious effort will be made to notify me prior to such actions. I will pay any expenses incurred. I understand that the program is not responsible for lost items. If my child(ren) cannot adjust, or present(s) a disciplinary problem that KOS staff and/or its agent(s) cannot resolve, then my child(ren) may be removed from the program. I also understand that KOS staff is obligated to report any cases of suspected child abuse and/or neglect."

Patrons whose children participate in the KOS program are granted a temporary exception to the requirements of providing proof of immunization at the time of registration if the following conditions apply:

- Patrons are not permanently assigned to the Garrison
- Patrons are in pre-deployment, R&R during deployment or within 60 days of deployment status

Patrons understand and have signed off on the KOS Registration that, in the unforeseen event of a vaccine-preventable communicable disease outbreak, children without proof of immunization are no longer eligible for services.

Parent/legal guardian using KOS must remain on-site for the entire duration of KOS services. Parent/legal guardian must retain custody/responsibility for children in a KOS session and evacuate their children in an emergency. If parent/legal guardian cannot be on-site, care must take place in the local garrison Child Development Center.

Date:

Signature of Sponsor/Parent/ Guardian:

Received by: \_\_\_\_\_

Processed By: \_\_\_\_\_

DATE STAMP