



# GROW REGISTRATION FORM

Child's First/Last Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

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1. Any food or environmental allergies GROW should be aware of?

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2. Any developmental, behavioral, or diagnosed illnesses/conditions GROW should be aware of?

\_\_\_\_\_

3. From these colors, which is your child's favorite? (please circle one)

Blue      Orange      Pink      Red      Green

4. What does your child like to do in their free time?

\_\_\_\_\_

5. Is there anything that your child is afraid of, or that makes them nervous, that GROW should be aware of? (for example, thunderstorms, dogs, etc)

\_\_\_\_\_

**AUTHORIZATION OF MEDIA:** I have reviewed and understood the GROW's media release ([Sparrow.org/MediaRelease](http://Sparrow.org/MediaRelease))

I agree to the terms and conditions and hereby authorize my child for media release (photography, video or interview)

I do not agree to the terms and conditions and do not authorize my child for media release (photography, video or interview)

**RELEASE/WAIVER:** I have received and understood the above policies and agree to GROW's terms and conditions. I hereby waive and release any and all right/claims I may have against Sparrow Eaton Hospital, ALIVE, and any of their employees or representatives for any and all injuries which may be suffered in connection with my child(ren) use of any of their facilities or participation in any of their programs, services, or events.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Today's Date