

SPONSORSHIP AGREEMENT FORM -- NO Electronic Signatures

Required for ALL SPONSORED MINORS

Each child or youth under age 18 attending the _____ Bahá'í School without a parent or legal guardian must be accompanied by a sponsor age 21 or older, responsible for the child's conduct and well-being, as a loving parent.

SPONSOR TO COMPLETE:

I, _____ agree to be responsible for the behavior and well-being of:
(Print Sponsor's Full Name)

(Print Child(ren)'s Full Name(s))

in conformity with the standards of conduct of the Bahá'í Faith, the established rules of the Bahá'í School and the Facility Management during the time the above named minor(s) is (are) in attendance at the Sheltering Branch Bahá'í School from _____ to _____. (Dates)

Signature of Sponsor: _____

PARENT & CHILD TO COMPLETE:

I (we), _____, the parent(s)/guardian(s) of
(Parent/Guardian name(s))

(Child(ren)s name(s)) hereby indicate my (our) understanding and approval of the above sponsorship and give the sponsor named above authority to execute the School's Waiver of Liability on my (our) behalf.

I (we) understand and agree that my (our) child(ren)'s personal information, including name, address, phone number, date of birth, grade level, special needs (medical and learning-related), may be entered into a registration form, which may be maintained in an electronic version, and the National Spiritual Assembly of the Baha'is of the United States and its Baha'i School Committees will not sell this information to anyone or share it with anyone except when required by law.

Parent: _____ Date: _____
(Signature)

Student: _____ Date: _____
(Signature)

Student: _____ Date: _____
(Signature)

MEDICAL RELEASE -- required for ALL MINORS (0-17 years)

Authorization to Consent to Treatment of a Minor

Family/Group Leader Name _____

I, as the undersigned parent or guardian of the minors listed on this form (less than 18 years of age), and group leader for members in my party, do hereby authorize _____ Bahá'í School, or its designated representative, agent(s) for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. As the parent/guardian of a minor under the age of 18, I understand that this authorization enables _____ Bahá'í School to arrange medical care for my dependent minor in the event I am unavailable.

I understand that I am responsible for payment of any and all medical expenses incurred on behalf of my dependent minor(s). This authorization shall remain effective from during the session dates listed above, when my family or group member is attending the _____ Bahá'í School.

Additional Emergency Contact Name: _____ Phone: _____

Minor's Medical Insurance Company: _____ Policy #: _____

Minor's Family Physician Name: _____ Phone: _____

<i>List any Allergies, Handicaps, Limiting Health Conditions, Medications, Reactions to Medications:</i>

SIGN for MEDICAL RELEASE for MINORS:

Family/Group Leader Signature: _____ **Date:** _____