

**COVENANT FOR KIDS & TEENS' COURSES 2010-2011
PROVIDED BY THE FRENCH INSTITUTE ALLIANCE FRANCAISE**

For and in consideration for being enrolled in a French course at the French Institute Alliance Française,

I, _____

The undersigned, parent or legal guardian of the minor child:

Name of child: _____ Registered for the following class:

Name of Class and Teacher: _____

Agree to the following and release and hold FIAF harmless from any liability therefrom. (Please choose one)

My child has permission to leave the FIAF building on his/her own after class for all classes taken during the **2010-2011** academic year.

My child will be released from the classroom at the end of the class to the following designated responsible adults who have met with the instructor before the start of classes and have identified themselves as such:

Name: _____ relationship to child _____

Contact number: _____ **Emergency number** _____

Name: _____ relationship to child _____

Contact number: _____ **Emergency number** _____

Name: _____ relationship to child _____

Contact number: _____ **Emergency number** _____

I Agree that my child will be picked up on time.

A WRITTEN NOTE SIGNED BY MYSELF WILL NOTIFY THE INSTRUCTOR OF ANY CHANGES.

- I have informed the teacher of any allergies and/or medical condition that my child may have. They are noted below:

- I give FIAF permission to seek medical treatment for my child in case of emergency and if FIAF has not been able to contact me. I accept full responsibility for the cost of treatment for any injury that may be suffered by my child while taking part in the Course. I hereby assume all risks and hold FIAF and any instructors, harmless, from any liability, claim or injury, damage or loss of property that may occur in connection with this enrollment.

Signature and date

Name & relationship to child