



3050 Walkent Dr. NW
 Grand Rapids, MI 49544
 616.784.THE3
 www.3mp.org
 info@3mp.org

Visitor Registration

Name: _____ Date of Birth: _____ Gender: M F

Address: _____
(street and number) (city) (state) (zip code)

School: _____ Grade: _____ Graduation Year: _____ Church: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Visitor Code of Conduct: It is the intent of the Three Mile Project to provide an environment in which all visitors can experience a sense of safety, belonging, and respect. In order to maintain this atmosphere, the following behaviors are strictly prohibited:

- | | | |
|------------------------------|--|--------------------------------|
| * possession of weapons | * being under the influence of drugs or alcohol | * use of tobacco products |
| * fighting | * possession of alcohol or illegal drugs | * grade/age violation |
| * vulgar/abusive language | * destruction/misuse of property | * public displays of affection |
| * abusive/harassing behavior | * suggestive, inappropriate, or revealing clothing | |

Visitors who choose not to meet these expectations will be held accountable for their behavior. Our response to inappropriate behavior may include verbal warnings, expulsion from the facility, calls to parents, and, when warranted, contact with law enforcement agencies. Your signature below indicates that you understand and agree to abide by this code of conduct:

(student signature)

(date)

Parent Section

Mother/Female Guardian:

Father/Male Guardian:

Name: _____

Name: _____

Home Phone: _____ Cell: _____

Home Phone: _____ Cell: _____

Email: _____

Email: _____

Waiver and release of liability: I, being the parent or legal guardian of the above-named minor, in consideration of such minor's attendance at the Three Mile Project, do release, discharge, and hold harmless the Three Mile Project, its employees, officers, volunteers, agents, and representatives from any and all claims, demands, damages, rights of action, causes of actions, or any liabilities whatsoever which may arise on account of or in any way related to, attendance at and participation with the Three Mile Project.

Emergency Medical Information: In the event I cannot be reached in an emergency, I hereby give permission to any physician, surgeon, clinic, or hospital to secure treatment and to secure anesthesia for my child as named in this registration. In the event it becomes necessary to seek treatment for my child, I agree to hold employees, officers, volunteers, agents, and representatives of the Three Mile Project free and harmless of any and all claims, demands, damages, rights of action, causes of actions, or any liabilities whatsoever which may arise from the giving of such consent so long as treatment is administered by or under the supervision of trained medical personnel.

Photograph and Likeness Release: I understand that photographs and videos are regularly taken of activities at the Three Mile Project. Although 3MP staff does their best to ask visitors for their permission before taking their photograph, I also give permission for my child to be photographed or videotaped for use in promoting Three Mile Project activities, whether in print, video, or on the internet.

(signature of parent or legal guardian)

(date)

In case of emergency we will first attempt to contact parents/guardians at numbers listed above. If we are unable to reach parents/guardians, who else should we contact?

Emergency Contact 1: _____
(name) (home phone) (cell phone)

Emergency Contact 2: _____