

ONLINE PERMISSION FORM

Dear Parent or Guardian,

It's time for the American Heart Association's Kids Heart Challenge™! When your student joins your school's KHC team, they will learn how to keep their hearts and brains healthy, get moving with fun activities, meet kids with special hearts and raise funds for the health of all hearts. Plus, they'll feel good for doing good!

Personal Email Address:	
Desired Username:	
Desired Password:	
Help your student get started. Please list the email addresses of family and friends appreciate receiving a message from your student (please print clearly):	who'd
1 6	
2 7	
3 8	
4 9	
5 1	
CIDS HEART CHALLENGE RELEASE AND INDEMNIFICATION, I represent that I am the parent or guardian of a child who intends to participate in the Americ Association's Kids Heart Challenge program. I agree and acknowledge that my child may participate in Kids Heart Challenge and the on-line fundraising ite allows participants to track their individual & school's progress while having access to the AHA's educational and fundraising resources. My child has including a photo and/or video on their site as well as sending out e-mails to family and friends in support of their participation with Kids Heart Challeng on firm that I agree with the terms of the parent permission form for this event DATA PRIVACY: The AHA values your privacy and commits to protecting allow give us. By agreeing to these terms, you are also agreeing to our Privacy Policy explained at www.heart.org/Privacy.	program. This the option of ie. I further
I have read this information and grant permission.	
Parent/Guardian Signature: Date:	



DOWNLOAD THE AHA SCHOOLS APP ON APPLE STORE OR GOOGLE PLAY!



SCAN THIS QR CODE WITH YOUR CAMERA TO REGISTER TODAY!