

CLES After School Activities Registration Form 2011-2012

Class title: _____ Start date _____ Start time _____

Student name: _____ D.O.B. _____ Gender: M F
last first

Street name/number _____ Grade: ____ Teacher: _____ Food/Drug Allergies _____

Parent name _____ e-mail _____ Phones _____ (home)
_____ (cell)
_____ (work)

Emergency contact _____ Date(s) I can volunteer for class _____
(name/phones)

My child will be picked up by: (circle) Is your child in the in-school aftercare program?(circle) Yes No

- Parent
- Will go to after-care
- May walk home (5th graders only)
- Other(s) _____

Total fees for this activity _____

Check# _____

Special Notes for signature by Parent/Guardian:

I, _____, as a parent or legal guardian of the above-named child _____, hereby grant permission for my child to participate in the above-described activity. In the event my child becomes ill or injured while participating in this activity, I hereby authorize and consent to the rendering of any reasonable emergency medical treatment due to the illness or injury stemming from my child's involvement in the activity. While the Instructor and/or parent volunteer will make their best efforts to contact you or one of the emergency contacts you listed above, as quickly as possible, I understand, agree and consent to allow emergency medical treatment to be administered to my child as quickly as possible, regardless of whether I or any of my emergency contacts have been successfully contacted.

In consideration of the permission granted by the Parent or Legal Guardian to allow the above named student/child to participate in this activity, I do hereby expressly agree, on my own behalf and on behalf of my child, to release the instructor and its affiliated organization(if applicable), Centennial Lane Elementary School, the Centennial Lane Elementary School PT(CLES-PTA) and its officers, members, agents, representatives, and volunteers from any and all liability, actions, causes of action, damages, claims, or demands of whatever kind or nature which I or the above-named child may have against, or could have against, any of the persons or entities herein before listed in this document. This includes, but is not limited to, any injuries or illnesses sustained by my child, known or unknown, anticipated or unanticipated, which arise from, or are in any way are related to, the above-named child's participation in this activity.

I have read and fully understand the terms of this Release. I hereby execute the release voluntarily and with full knowledge of its significance.

Signature of Parent/Guardian

date

(Please copy and retain for your records.)