

# After School Club Park County School District #1

## Student Information

Child's Name: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Family email address: \_\_\_\_\_ Other email: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

## Emergency Contacts

Please list names and contact information in order of preference

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

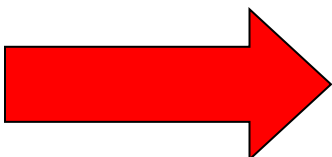
Please let your site leader know if anyone other than the people listed above may pick up your child.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

## How will your child leave our program?

Parent Pick Up     Walk home     Friend Pick Up     Other (please specify)



## Student Information Cont....

Does your child have any illnesses and/or physical conditions, allergies or food restrictions that the staff should be aware of? Please explain:

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Any additional information such as behaviors that we should be aware of :

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Please initial below the supervised activities your child may participate in with your permission:

Walking/bussing to activities within Powell \_\_\_\_\_  
Bus trips within 45 minutes from town \_\_\_\_\_  
Swimming (Lifeguards are on duty) \_\_\_\_\_

If sudden illness or other serious medical emergency should occur and I cannot be reached, I hereby authorize the After School Club Staff to provide emergency First Aid Treatment and or call my child's physician, dentist or 911.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## After School Club Release Form

We (I), being the parent(s) or legal custodian of the student(s) named below, do hereby for ourselves and on behalf of the student(s) designated below, fully and unconditionally release Park County School District No. 1 (hereinafter School), its board of trustees, agents, representatives, employees and insurers from any and all liability for injury or property damage that could in any way arise out of the After School Club Program which will be held at Park County School District No. 1 facilities from September 6, 2011 to May 17, 2012. We do specifically acknowledge that this program involves a risk of personal injury and do agree to fully assume such risk. We do fully agree to release School from any liability, specifically including, but not limited to liability arising out of the maintenance and operation by School of its School facilities. **It is intended that this release will release the School of liability, including liability arising out of School's own negligence.**

I do further acknowledge and understand that School has no accident insurance or health insurance to cover any injuries that could arise out of this activity and that we will be solely responsible for any medical expenses or other damages or injuries to the student designated herein.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2011

NAME OF STUDENT: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

PARENT/CUSTODIAN SIGNATURE: \_\_\_\_\_

PARENT/CUSTODIAN SIGNATURE: \_\_\_\_\_