

AFTER-SCHOOL ACTIVITY REGISTRATION FORM

DIRECTIONS:

1. Please complete the entire form and print neatly – incomplete forms will not be accepted and will be returned.
2. Please make sure to clearly print your email address – if you do not have an email address please write in a daytime phone number.
3. Send in a **separate form for each activity and each child** – forms with multiple classes or multiple students will be returned. Make **checks payable to “Kendale Elementary PTA.”**
4. Enclose form(s) and check(s) in a sealed envelope labeled “After-School Activities” by the **Registration Deadline: February 25, 2011 by 3:00 p.m.**

After School Class _____ Day/Time _____ Fee Enclosed: \$ _____
Student's Name _____ Teacher _____ Grade _____
Parents/Guardians Name(s) _____
Phone (H) Phone _____ (W) Phone _____
Email _____
Emergency Contact Name: _____ Phone: _____
If you're enrolling a sibling in the same class and want them treated as a unit for placement purposes please check here: _____
Names of sibling(s): _____
Any special issues/allergies the instructor should be aware of? _____
Please "x" one of these indicating **dismissal method**: **PICKED UP** by parent _____ or Child dismissed to **ASC** _____.

PARENTAL WAIVER AND CONSENT

Whereas, the Kendale Elementary Parent Teacher Association (PTA), as a service to its members and students, provides various after school activities for the students at Kendale Elementary School (KES);

Whereas, the undersigned parent or legal guardian of the below named child/children, wishes to take advantage of the after school program designated below;

In consideration for these services, the undersigned parent or legal guardian agrees and represents as follows:

I am the parent or legal guardian of the below named child/children. I hereby agree to follow all registration requirements.

I understand that there are certain risks of injury inherent in this after school activity and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated activity and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation.

I agree, in taking advantage of this after school activity, to release and hold harmless the PTA, including its officers, agents, members and volunteers; KES, including its officers, agents, and employees; and any person or persons in charge of running the after school program (the program coordinator), from any and all claims, demands, suits, costs (including attorneys' fees and litigation costs) and charges, in connection with or arising out of the provided after school program, including but not limited to bodily harm or injury to my child/children. I understand that this release includes any claims based on negligence, action, or inaction of the PTA, KES and the program coordinator.

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the program coordinator or other adult present to seek immediate medical care at any facility that this person deems most suitable. I further give my consent for any and all emergency medical treatment for my child/children when the child/children is in this individual's care.

I have read this release and further agree that no oral representations, statements, or inducement apart from the foregoing waiver and consent have been made:

Activity Name, Day & Time: _____ Start Date: _____

Child: _____ Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____