

AFTER SCHOOL REGISTRATION

Child's name (please print) _____

Home phone _____ Email: _____

Address _____ City _____ State _____

Birthdate ___/___/___ Age _____ Primary School Name _____

Parent/Guardian name _____ Phone # _____

Parent/Guardian name _____ Phone # _____

Phone number where you can be reached during Parent's Night Out _____

Who should be called if your child needs to be picked up early?

Name _____ Relationship _____ Phone # _____

Any health issues that we should be aware of? Please describe _____

Family Doctor _____ Phone _____

Do you carry family medical insurance? Yes ___ No ___ Carrier _____ Policy/Group _____

Has your child had any of the following? Allergies ___ Special Needs ___ Dietary Restrictions ___

If so, please explain: _____

Is your child taking any medications? Yes ___ No ___ What kind and why: _____

Emergency Contacts and Pick-Up Authorization

The following people should be contacted in case of emergency, only if parent/guardian cannot be reached AND are authorized to pick up the child:

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

Medical Records Release:

- I agree to the release of any records necessary for treatment, referral, billing or insurance purposes, ASPIRE Academy receives medical information on participants that may need to be shared with medical providers, Yes ___ No ___ Initials _____

Parent/ Guardian's Authorization

- In the event that my child needs immediate attention for injuries received while participating in ASPIRE Academy Programs, I authorize ASPIRE Academy staff to give my child reasonable first aid, and to transport my child to a health care facility for emergency services as needed.
- I hereby acknowledge that ASPIRE Academy will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file at ASPIRE Academy that indicates otherwise.
- I hereby release all pictures of my child taken by ASPIRE for promotional purposes and programming materials including the ASPIRE Academy website.

Parent/Guardian Signature _____ Date ___/___/___

Waiver and Release of Liability

- By signing below, I agree to forever release and discharge ASPIRE Academy and it's Directors, employees, and volunteers from any and all liability, claims, actions, rights of actions, damages, and expenses. It is understood that ASPIRE is not responsible in any way for damage or loss of any personal property.

Parent/Guardian Signature _____ Date ___/___/___