



**After-school Application
2019 - 2020**

Student First Name _____ Last Name _____ Birthdate _____ M/F _____ Grade _____
Home Address _____ City/State/Zip Code _____ Home Phone Number _____

EMERGENCY CONTACT INFOR and AUTHORIZED ADULTS FOR PICK UP

1st Parent/Legal Guardian _____ 2nd Parent/Legal Guardian _____
Address _____ Address _____
Primary Phone Number _____ Primary Phone Number _____
Secondary Phone Number _____ Secondary Phone Number _____

ADDITIONAL EMERGENCY CONTACT and AUTHORIZED ADULTS FOR PICK UP (must be at least 18 years old)

Name _____ Relation _____ Phone #1 _____ Phone #2 _____
Name _____ Relation _____ Phone #1 _____ Phone #2 _____

MY CHILD MAY NOT BE PICKED UP BY

1. Name _____ Relation _____ 2. Name _____ Relation _____

STUDENT MEDICAL & HEALTH INFORMATION/HISTORY

Name of Physician _____ Is student allergic to medication? Yes No
Insurance Carrier/Policy # _____ If YES, Please list medications:
Carrier Phone # _____ Does student have food allergies? Yes No
Student's Medical Information/History _____ Please list restrictions: _____

(please list any medical problems, conditions, or specific needs known to exist for student):

RCP PARENT RELEASE OF LIABILITY - READ BEFORE SIGNING

Considering that my child/ward, _____, is being allowed to participate in the RCP After-school Program, its related events and activities, I, the undersigned, acknowledge, appreciate, and agree that:

- The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- FOR MYSELF, SPOUSE AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS, AN ASSUME FULL RESPONSIBILITY FOR MY CHILD'S PARTICIPATION: AND,
- I willingly agree to comply with the program's stated and customary terms and conditions for my child's participation. If, however, I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from participation and bring such to the attention of the nearest official; immediately: and
- I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS RCP, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertiser, and, if applicable, owners, and lessors of premises used for the activity ("RELEASES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
- I understand my child must participate a minimum of 12 hours a week.

Consents (Check If Applicable)

(YES) (NO)

- A. I authorize my child to be released to individuals listed on this registration form at the close of each program day and in case of emergencies. I understand that my child must be signed out by a parent/guardian or approved adult who is 18 years or older and are listed on this registration form.
- B. I understand that in case of emergencies, RCP will make every effort to contact parents/legal guardians before any treatment is given. In the event that we cannot be contacted, I hereby authorize the physician or hospital selected by RCP to hospitalize, secure treatment for and to order injection, anesthesia, or surgery for my child. It is further understood that I will assume full responsibility for any such treatment, including the payment of all costs and transportation and will hold RCP Directors and program staff, harmless therefrom.
- C. I authorize my child to be photographed or video-taped by RCP Staff or the news media for purposes relating to the after-school program.
- D. I give RCP staff consent to have access to my child's current and past records such as grades/report cards, test scores, academic and behavioral data, demographic information, etc.
- E. I authorize my child to participate in evaluation activities such surveys/questionnaires and focus groups that will be administered while in the RCP after-school program.
- F. I agree with the terms, guidelines, and conditions of the program's Code of Conduct.
- G. I authorize my child to sign him or herself out to walk home at the end of the program day.
- H. **I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

I HAVE READ ALL THE ABOVE AND AGREE TO WITH ALL TERMS AND CONDITIONS OF MY CHILD'S PARTICIPATION IN THE PROGRAM.

Parent/Guardian's Signature

Print Name

Date