



AFTER SCHOOL ADVENTURES
2010-2011 Enrollment Form

CHILD'S INFORMATION:

Child's Name: _____ Nickname: _____ Grade: _____ DOB: _____
Home Address: _____ Home Phone: _____ Email: _____

PARENT/GUARDIAN INFORMATION:

Mother's Name: _____
Employer: _____ Work Phone: _____ Cell Phone: _____
Father's Name: _____
Employer: _____ Work Phone: _____ Cell Phone: _____

In the event that a parent cannot be reached, alternative person to notify:

Name: _____ Phone: _____ Relationship: _____

Adult, other than parent/guardian, authorized to pick up:

Name: _____ Phone: _____ Relationship: _____

ATTENDANCE:

Check all days that apply (two day minimum with the exception of Wednesdays)

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Does your child participate in sports which will change his/her status of enrollment during the school year? _____

CONSENT: (please initial)

____ Photo/Video Consent for my child to be photographed, videotaped or otherwise recorded during after school activities.
____ Field Trip Consent for my child to participate in all field trips.
____ Food Consent for my child to eat snacks provided by After School Adventures. Allergies? _____
____ Permission for my child to participate in activities such as group games, arts & crafts, cooking, G and PG movies and all sports led by Hanover Parks & Recreation After School Program.

MEDICAL INFORMATION/MEDICAL TREATMENT AUTHORIZATION

Please list any known allergies and/or medications. Please read carefully and sign below:

"In case of accident or serious illness, I request that the Town of Hanover After School Program staff contact me. If I cannot be reached, I hereby authorize the Program Director or his/her Designee to seek qualified emergency medical attention for my child. I understand that all medical and/or transportation expenses are the responsibility of the parent/guardian."

Parent/Guardian Signature: _____ Date: _____

Physician: _____ Insurance: _____ Policy #: _____

RELEASE AND INDEMNIFICATION AGREEMENT:

Please read carefully and sign below:

The undersigned, legal guardian of the above named child, in consideration of the agreement by the town of Hanover to allow my child to participate in the Town of Hanover After School Program, hereby agrees as follows:

1. That no claim will be made by the undersigned on behalf of myself or on behalf of my child as a result of my child's participation in the aforementioned program.
2. That, in the event any claim is made by my child for injuries sustained as a result of my child's participation in the Town of Hanover After School Program, I shall hold the Town of Hanover, the Parks and Recreation Department, and all their agents, Principals, Employees and Representatives harmless from and indemnify them against, any such claims, including reasonable attorney's fees incurred by my child in connection therewith, whether or not such claims result in litigation.

The undersigned acknowledges that my child's participation in the Town of Hanover After School Program may reasonably be considered a dangerous activity. This agreement is executed by the undersigned upon the understanding that the Town of Hanover will use best efforts of conduct in the After School Program.

Parent/Guardian Signature: _____ Date: _____