

Community Center of Mendocino

AFTER SCHOOL PROGRAM

Identification & Emergency Information

New Student Please update No changes Session: _____

PLEASE PROVIDE ALL INFORMATION REQUESTED:

School District: _____

Student's Name: _____ Student's Birthday: ____ / ____ / ____ Grade: ____

Home Phone: _____ Hm Ph 2: _____ Family Email: _____

Mailing Address: _____

Street Address: _____

FAMILY CONTACTS AT SAME ADDRESS AS ABOVE

Mother/Guardian1: _____ Hm Ph: _____ Wk Ph: _____ Cell: _____ Email: _____

Mother/Guardian1: _____ Hm Ph: _____ Wk Ph: _____ Cell: _____ Email: _____

Mother/Guardian1: _____ Hm Ph: _____ Wk Ph: _____ Cell: _____ Email: _____

OTHER PEOPLE WHO MAY BE CALLED IN CASE OF AN EMERGENCY

Authorized Adult: _____ Relationship _____ Hm Ph: _____ Wk Ph: _____ Cell: _____

Authorized Adult: _____ Relationship _____ Hm Ph: _____ Wk Ph: _____ Cell: _____

Authorized Adult: _____ Relationship _____ Hm Ph: _____ Wk Ph: _____ Cell: _____

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

Has child been under regular supervision of a physician? _____ Date of last physical/medical examination _____

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Medical Plan & ID#: _____

Dental Plan & ID#: _____

If physician cannot be reached: Call Emergency Services Other/Explain _____

Please list allergies, medications, and medical or other conditions of concern. Please note any behavioral, emotional, developmental, or physical issues that may impede the student's ability to participate in CCM programs in a safe and cooperative manner: _____

OTHER PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Admission Agreement

CCM provides classes for school-age children from Kindergarten through High School. Class registration is on a first come, first serve basis, and classes must be paid in full to guarantee placement. There will be no refunds once a class has started, and no changes to the child's class schedule after the second week of the session. Some classes have prerequisites or are only available to children of a specific age group, as per instructor requirements. Please refer to the class descriptions attached to the current program schedule before filling out the registration form.

Parents or their authorized agents are required to sign their children in on arrival, and out before departure. No exceptions. Children must be picked up promptly at the end of their last class of the day. Please refer to the Parent Handbook for all other fees and provisions pertinent to this Agreement.

WAIVER & RELEASE

I have carefully read the description of classes for which I/we are registering. In consideration for being permitted by the Community Center of Mendocino (CCM) to participate in any recreation class activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter occur to me, as a result of participation in said activity, even though the liability may arise out of negligence or carelessness on the part of CCM, its officers, employees, and agents. It is understood that these activities involve an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and hold CCM and its officers, employees and agents, harmless from any loss, liability, or damage, that I may sustain while participating in said activities.

PARENTAL CONSENT *To be completed and signed by parent/guardian if applicant is under 18 years of age.*

I hereby consent that my son/daughter, _____ participate in Community Center activities, and I hereby execute the above agreement, waiver, and release on his/her behalf. I state that said minor is physically and developmentally able to participate in said activities. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost or expense, which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activities.

I have carefully read this agreement, waiver and release and fully understand its contents. I am aware that this is a release of liability and a contract between myself and Community Center of Mendocino, and sign it of my own free will. This waiver will remain in effect for one year from the date of signature.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____ Relationship to Student: _____

EMERGENCY SERVICES AUTHORIZATION

As the Parent or Authorized Representative, I hereby give consent to Community Center of Mendocino to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D.) osteopath (D.O.) or dentist (D.D.S.) for my child named above. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the child. _____ (Please Initial)

PHOTO RELEASE

Yes No CCM may use my child's photo on the CCM website and/or in printed material, as long as my child's name is not identified. _____ (Please Initial)