



**AFTER SCHOOL PROGRAM REGISTRATION FORM 2013/2014**

NAME OF SCHOOL: COQUITLAM RIVER ELEMENTARY – GRADE 3 – GRADE 5 PROGRAM		DISTRICT NO: 43 - COQUITLAM
PROGRAM START DATE: FRIDAY JANUARY 17 <sup>TH</sup> 2014	PROGRAM END DATE: FRIDAY MARCH 7 <sup>TH</sup> 2014	NO OF SESSIONS: 6 SESSIONS
PROGRAM START TIME: 2:50PM	PROGRAM END TIME: 4:20PM	PROGRAM COST: \$35 FOR PROGRAM ONLY \$60 FOR PROGRAM + RACQUET

NO PROGRAMS ON JAN 31 AND FEB 21 DUE TO PRO-D DAYS

STUDENT LAST NAME:	STUDENT FIRST NAME:	GRADE:	AGE:	BIRTHDATE: DD/MM/YY
ADDRESS:				
PARENT GUARDIAN NAME:			HOME PHONE:	
EMAIL (REQUIRED):		CELL PHONE:		
MEDICAL #:	DOCTOR NAME:	DOCTOR PHONE:		
MEDICAL CONCERNS:				
EMERGENCY CONTACT:		EMERGENCY PHONE:		

**PAYMENT INFORMATION**

NAME ON CARD:	PAYMENT AMOUNT:
CREDIT CARD NUMBER:	EXPIRY:

I authorize Tennis BC to charge the above amount to my credit card for the TBC After School Program:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

While program volunteers and staff will take reasonable steps to prevent injuries to students, some degree of risk is inherent in the nature of these activities, and may occur without fault on the part of the student, school board, its employees or community partners, or the facility where the activity is taking place. By allowing your child to participate in these activities, you are agreeing that the activities described are suitable for your child, and that there is a risk of injury associated with the activities.

I, \_\_\_\_\_, (Name of parent/guardian) give permission for \_\_\_\_\_ (child's name) to participate in the activities described. I understand that my child may be exposed to a risk of injury due to accident while participating in these activities. Should it become necessary for my child to have medical care, I hereby give the Tennis BC staff permission to use his/her best judgment in obtaining the best of such service for my child. I understand that any cost will be my responsibility. I also understand that in the event of illness or accident, I will be notified as soon as possible via the emergency contact information listed above.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE RETURN THIS REGISTRATION FORM TO THE **SCHOOL OFFICE** NO LATER THAN: **JANUARY 8<sup>TH</sup> 2014**