Use this form for **Kindergarten to Grade 2 students.**

(Gr. 3-5 on reverse)

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| AFTER SCHOOL PROGRAM REGISTRATION FORM 2013/2014 | | |
| NAME OF SCHOOL:  COQUITLAM RIVER ELEMENTARY | | DISTRICT NO:  43 - COQUITLAM |
| PROGRAM START DATE:  WEDNESDAY APRIL 23RD 2014 | PROGRAM END DATE:  WEDNESDAY MAY 28TH 2014 | NO OF SESSIONS:  6 SESSIONS |
| PROGRAM START TIME:  2:50 | PROGRAM END TIME:  4:20 | PROGRAM COST:  $45 – 6 SESSIONS  $70 – 6 SESSIONS PLUS RACQUET |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 – PAYMENT BY CASH OR CHQ PAYABLE TO:  COQUITLAM RIVER PAC | | | | | | | |
| PAYMENT ATTACHED - PLEASE CIRCLE:  CASH / CHEQUE | | | PAYMENT AMOUNT: | | | | |
| ADDITIONAL INFORMATION REGARDING YOUR CHILD THAT WOULD BE HELPFUL FOR THE COACH TO BE AWARE OF: | | | | | | | |
|  | | |  | | | | |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_