Registration Form

James Park Elementary School

REGISTER ONLINE OR FORMS CAN BE DROPED OFF AT JAMES PARK OFFICE

Student's Name: _____ Age: _____ Birth Date: _____ School:_____

My child has attended After School Bricks 4 Kidz   yes   No

Address: _____City:_____State:_____Zip:_____

Email address (for enrollment confirmation):_____

Parent/Guardian(s) Name(s): _____Daytime Phone Number: _____

Emergency/Cell #(s): _____   T-Shirt Available to buy Please ask Instructor for details

My child's participation in the camps selected is voluntary. I understand that the selected activities may involve accidental injury and hereby voluntarily assume such risks. Knowing these risks, I want my child to participate in this activity. I (on behalf of my child) hereby assume the risk, and hereby waive, release, and discharge Bricks 4 Kidz., its officers, employees, activity instructors and assistants, and all officers and employees of the school or community center sites where said activity will take place, for any and all claims for damages for personal injuries, or claims for damages to property, which my child or my child's heirs, assigns, executors or administrators may have or which may accrue to my child's participation in this activity. I have
read the above and understand important legal rights are being waived.

Signature (required) _____ Date: _____

(Optional) I consent to Bricks 4 Kidz's use of any photographs or video recording that are taken of my child while participating in the camp activity for use in Bricks 4 Kidz brochures and program materials that are distributed both as printed document and on the internet. No payment will be made for use of these photographs and/or videos. Your child's name would never be used in connection with these images.

Signature _____ Date: _____

Does the student have any allergies or medical condition? Yes _____ No _____ If yes, describe:_____

Emergency Contact First Name:_____Emergency Contact Last Name:_____

Emergency Contact Phone Numbers:_____

In the event of an emergency, we will attempt to contact you as well as 911 Paramedics.

Child's Medical Insurer: _____Child's Medical ID/Insurance Number: _____

I authorize Bricks 4 Kidz. staff to arrange transportation in case of accident or acute illness and to arrange for possible emergency medical and,or surgical care at the hospital listed above. It is understood that an effort will be made to notify me at the above phone numbers. If above such action is taken, and it is impossible to locate me or the above named, the uninsured responsibility and expense of this service will be accepted by me.

Parent Signature _____ Date _____

**The following people are authorized to pick up my child from camp: name: _____phone:_____

name: _____phone:_____   name: _____phone:_____

name: _____phone:_____   name: _____phone:_____