

Your Child will not be allowed to participate without a completed registration form on file. Please print clearly.

## STUDENT INFORMATION

Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Ethnicity \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Current Age \_\_\_\_\_ Please Initial \_\_\_\_\_

Gender  Male  Female T-shirt Size \_\_\_\_\_

Name of School \_\_\_\_\_ Grade in School \_\_\_\_\_

Yes, I confirm that my child named above, is within the required age range of 7-13 years old to participate in the After School Program.

## CONTACT INFORMATION

1. Parent/Guardian Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ What is the best way to contact you \_\_\_\_\_

2. Parent/Guardian Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ What is the best way to contact you \_\_\_\_\_

1. Emergency Contact Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Alternate Phone \_\_\_\_\_

2. Emergency Contact Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Alternate Phone \_\_\_\_\_

## TRANSPORTATION

My child \_\_\_\_\_ has permission to arrive/depart to the Aurora Township Youth & Community Center by  Walking  Drop off  Bus

If you selected Bus, has the school been notified? \_\_\_\_\_

Please list additional people permitted to pick up your child from the After School Program

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_

MEDICAL INFORMATION

Insurance \_\_\_\_\_

Student's Primary Care Physician \_\_\_\_\_

Phone Number \_\_\_\_\_

In case of emergency, should paramedics be called? \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Is your child current/up to date with all immunizations? \_\_\_\_\_

Please list any medical conditions, including any requiring maintenance medication (i.e. Diabetic, Asthma etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child currently being treated for any injury or sickness, or taking any form of medication for any reason? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any past health or behavior concerns that Aurora Township should be aware of? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child allergic to any type of food or medication? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child require a special diet? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please share if there anything you would like us to know about your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The purpose of the above information is to ensure that medical personnel have details of any medical issue which may interfere with or alter treatment. I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

I understand that the Aurora Township Youth & Community Center, Aurora Township, and any staff will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as the parent / guardian. Parent / Guardian Initials \_\_\_\_\_

I \_\_\_\_\_ give my permission for \_\_\_\_\_ to participate in off- site activities with the Aurora Township Youth & Community Center.

Parent / Guardian Signature \_\_\_\_\_

I hereby give permission for the transportation of my child for official Aurora Township Youth & Community Center After School Program activities by mode of transportation agreed to by the After School Program organizers. The Aurora Township & its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. Children's photos & quotes may be used for publicity purposes. In case of emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder or physician). I have read, understand, & agree to abide by the rules & guidelines listed as well as any subsequent action taken for not following the rules. Parent / Guardian Initials \_\_\_\_\_

**THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS. YOU MUST READ IT CAREFULLY AND THOROUGHLY UNDERSTAND ITS RAMIFICATIONS BEFORE SIGNING WHICH WILL BE EVIDENCED AND ACKNOWLEDGED BY YOUR SIGNATURE AND INITIALS SET FORTH BELOW AND ABOVE. DO NOT SIGN OTHERWISE**

### **CONSENT, WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK**

#### **Agreement and Release of Liability**

I recognize and acknowledge that there are certain risks of physical injury to participants in the After School Program and I voluntarily agree to assume the full risk of and legal responsibility for any and all injuries, damages or loss, regardless of severity, including personal injury or death, and property damage that I or my minor child or ward may sustain as a result of said participation.

In consideration of being allowed or my child being allowed to participate with the Aurora Township Youth Services and to use its facilities, fields and equipment I hereby waive and release and forever discharge Aurora Township and its elected officials, officers, agents, employees, and representatives from any and all responsibility or liability for injuries or damages resulting from or in connection with my or my child's participation in any activities or use of equipment in the above mentioned facilities; or arising out of my or my child's participation in any activities at said facility or in outside activities (e.g. field trips) sponsored by Aurora Township.

I assume all liability and hereby release all of the mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by negligent acts or omission of any of those child's participation in any activities of Aurora Township.

I hereby further declare that I am or my child is physically sound and suffering from no condition, impairment, disease, or infirmity or other illness that would prevent my or my child's participation in any of the activities and programs of Aurora Township. I acknowledge that I or my child have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate or allow my child to participate in activity without the approval of my physician and do hereby assume all responsibility for my participation and activities.

I would like to receive information about Aurora Township Youth Center future updates and events.

Yes  No

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Duty of Participants**

I/We, the undersigned, hereby promise, covenant and agree:

- a. To immediately, fully and diligently follow the directions and instructions of the on-site representative of Aurora Township Youth & Community Center.
- b. Not to act in any way which shall interfere with the running or operation of rock climbing, kayaking, mountain biking or any other activity ("the Activities") when such activities are conducted by Aurora Township Youth & Community Center.
- c. No to act in any way which shall interfere with Aurora Township Youth & Community Center or the on-site representative of Aurora Township Youth & Community Center and their administration, the supervision or the conduct of the Activities of Aurora Township Youth & Community Center's business.
- d. Not to use any of Aurora Township Youth & Community Center equipment or facilities or services if I do not have the ability to use such facilities, equipment or services safely without instructions and until I have requested and received sufficient instruction to permit safe usage as determined by Aurora Township Youth & Community Center.
- e. Not to use any of Aurora Township Youth & Community Center, equipment or facilities or services without the permission of the on-site representative of Aurora Township Youth & Community Center or after any prior permission has been revoked.
- f. Not to engage in any dangerous, unsupervised or harmful conduct or willfully or negligently engage in any type of conduct which threatens or contributes to or causes injury to any person including myself during, before or after Activities have commenced.
- g. Not to embark in any self-initiated activity without first informing the on-site representative of Aurora Township Youth & Community Center of my intentions and receiving permission from Aurora Township Youth & Community Center to engage in such self-initiated activity.
- h. Not to violate the foregoing an or any other rules of Aurora Township Youth & Community Center, and shall allow the on-site representative of Aurora Township Youth & Community Center, at their sole discretion, to terminate my participation in the Activities. There will be no refund or pro-ration of any fee in the case of termination.

### **Pictures and Publicity**

All likenesses, pictures, videos and recordings of any type or nature no matter the format, taken or produced in connection with the Aurora Township Youth & Community Center's programs are the sole and exclusive property of Aurora Township Youth & Community Center and may be used in any promotional materials or in any publicity endeavors. I give permission to the Aurora Township Youth & Community Center to use without the need for any further consent, any picture, video or recording for informational and promotional purposes.

Parent / Guardian Initials \_\_\_\_\_

**BEFORE SIGNING THIS FORM, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND ALL OF THE INFORMATION IN IT. I ACKNOWLEDGE THAT I DO NOT NEED ANY FURTHER EXPLANATION OF ITS CONTENTS AND WAIVE ANY FURTHER EXPLANATION. I HAVE VOLUNTARILY AGREED TO ITS TERMS AND PROVISIONS AND I AGREE THAT NO OTHER STATEMENT, REPRESENTATION OR INDUCEMENT APART FROM WHAT IS STATED IN THIS AGREEMENT, REPRESENTATION OR INDUCEMENT APART FROM WHAT IS STATED IN THIS AGREEMENT HAVE BEEN MADE TO ME TO OBTAIN MY CONSENT AND MY SIGNATURE TO IT. THIS IS A BINDING LEGAL AGREEMENT.**

\_\_\_\_\_  
Parent / Legal Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Signature (Parent/Guardian)

\_\_\_\_\_  
Date