

KPTA AFTER-SCHOOL ENRICHMENT PROGRAM REGISTRATION FORM

Session is from September 8, 2014-October 31, 2014

DIRECTIONS:

1. Please complete the entire form and print neatly – incomplete forms will not be accepted and will be returned.
2. Please make sure to clearly print your email address – if you do not have an email address please write in a daytime phone number.
3. Send in a **separate form for each activity and each child** – forms with multiple classes or multiple students will be returned.
4. **Payment options:** You can pay via PayPal at www.kendaleelementary.com (**you must attach a printed receipt to this form**), by credit card at the KPTA store in the Cafeteria on **Wednesday from 7:45am-8:45am**, by cash or check. (Make checks payable to "Kendale Elementary PTA.")
5. Please go to www.kendaleelementary.com to read rules and regulations.
6. Enclose form(s) and payment to your teacher in a sealed envelope labeled "After-School Enrichment," or visit us on the website or the KPTA store in the Cafeteria.
7. **Registration Deadline: FRIDAY, SEPTEMBER 5, 2014 BY 3:00PM.**

Please check here if you accept our rules and regulations _____.

After School Enrichment Class _____ Day/Time _____ Fee Enclosed: \$ _____

Student's Name _____ Teacher _____ Grade _____

Parents/Guardians Name(s) _____

Phone (H) Phone _____ (W) Phone _____

Email _____

Emergency Contact Name: _____ Phone: _____

If you're enrolling a sibling in the same class and want them treated as a unit for placement purposes please check here: _____

Names of sibling(s): _____

Any special issues/allergies the instructor should be aware of? _____

Please "x" one of these indicating **dismissal method**: **PICKED UP** by parent _____ or Child dismissed to **ASC** _____.

PARENTAL WAIVER AND CONSENT

Whereas, the Kendale Elementary Parent Teacher Association (KPTA), as a service to its members and students, provides various after school activities for the students at Kendale Elementary School (KES);

Whereas, the undersigned parent or legal guardian of the below named child/children, wishes to take advantage of the after school enrichment program designated below;

In consideration for these services, the undersigned parent or legal guardian agrees and represents as follows:

I am the parent or legal guardian of the below named child/children. I hereby agree to follow all registration requirements.

I understand that there are certain risks of injury inherent in this after school activity and I am willing to assume these risks on behalf of my child.

I hereby certify that my child is fully capable of participating in the designated activity and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation.

I agree, in taking advantage of this after school activity, to release and hold harmless the KPTA, including its officers, agents, members and volunteers; KES, including its officers, agents, and employees; and any person or persons in charge of running the after school program (the program coordinator), from any and all claims, demands, suits, costs (including attorneys' fees and litigation costs) and charges, in connection with or arising out of the provided after school program, including but not limited to bodily harm or injury to my child/children. I understand that this release includes any claims based on negligence, action, or inaction of the KPTA, KES and the program coordinator.

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the program coordinator or other adult present to seek immediate medical care at any facility that this person deems most suitable. I further give my consent for any and all emergency medical treatment for my child/children when the child/children is in this individual's care.

I have read this release and further agree that no oral representations, statements, or inducement apart from the foregoing waiver and consent have been made:

Activity Name, Day & Time: _____ Start Date: _____

Child: _____ Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____