

ECC HKMS After School Program (ASP) Enrollment

Family (Household) Name:

Parent Name

Parent Name

Address:

Phone # (H)

Phone # (W)

Phone # (C)

Email

Emergency Contact

List all children participating in the After School Program

Child Name:

Gender

Grade

D.O.B

Required

ASP

Child Name:

Gender

Grade

D.O.B

Required

ASP

Child Name:

Gender

Grade

D.O.B

Required

ASP

Alternate Pick up Arrangements

In case I cannot pick up my child/children, please release my child/children to one of the following individuals (note: a drivers license or photo ID will be required at time of pick up). Written authorization will be required for anyone other than those listed to pick up your child/children.

Name

Relation

Home phone

Cell phone

Business phone

Name

Relation

Home phone

Cell phone

Business phone

Consent

When enrolled in an ECC program, I authorize emergency medical treatment of all family members listed under this household, as deemed necessary by the ECC staff, and I agree to assume the costs of any such treatment.

In consideration of accepting the membership and permitting the voluntary participation of the above named family members in ECC programs, rentals or events, I/We hereby waive, release, discharge, indemnify and agree to hold harmless [ECC] its board, employees, volunteers, officials, sponsors and other representatives from any and all claims, demands, costs, expenses, and compensation arising out of or in any way related to any injury or other damage that may result to said participant while attending and/or participating in any [ECC] sponsored event, including any physical or other injury caused by negligence of any such person while performing his/her duties at any time.

I authorize the ECC to have and use photographs and/or slides of the person/s named on this enrolment as may be needed for its records and/or promotional purposes.

Parent/Guardian signature

Date