

## Ashland After School Program Registration Form

**TO THE PARENTS OR GUARDIAN:** This form must be completed for each of your children who will be enrolled in the program.

DATES OF ENROLLMENT: \_\_\_\_\_ CHILDS NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_

ENROLLING IN:     PART-TIME (1-3 DAYS, \$8/DAY)                       FULL-TIME (4-5 DAYS, \$7/DAY)

\*ASK ABOUT SIBLING DISCOUNTS\*

PLEASE CIRCLE WHAT DAYS YOU WILL BE ENROLLING IN:    M       T       W       TH       F

**\*PLEASE NOTE:** If your need for after school programming changes, you are required to notify the Ashland Park and Recreation Director or the Ashland After School Program Supervisor 2 weeks prior to the changes or you will be billed for the time you enrolled for.

**IDENTIFICATION AND CONTACT INFORMATION FOR PARENTS OR GAURDIANS RESPONSIBLE FOR CHILD:**

NAME: _____ RELATIONSHIP: _____ ADDRESS: _____ _____ HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____ WORK PLACE: _____	NAME: _____ RELATIONSHIP: _____ ADDRESS: _____ _____ HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____ WORK PLACE: _____
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**EMERGENCY CONTACT PERSON AND/OR ALTERNATE PICK-UP PERSONS:** You (parent/guardian) are required to list at least 1 person with whom you would feel comfortable leaving your child, and who could assume responsibility for your child if you could not be reached immediately in an emergency or for some reason you could not pick up your child and were unable to communicate with the program.

NAME: _____ RELATIONSHIP: _____ ADDRESS: _____ _____ HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____	NAME: _____ RELATIONSHIP: _____ ADDRESS: _____ _____ HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____
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**MEDICAL INFORMATION**

Any chronic conditions, physical limitations/restrictions, allergies or medications that could be important in case of sudden illness or injury:

**RELEASE OF ALL CLAIMS**

In consideration of the permission granted for the named participant to take part in the programs, I hereby release myself and my heirs, Town of Ashland, its agents, employees, volunteers, and other program participants, from all actions, damages, and claims that may result in personal injuries and/or property damages.

I recognize there may be inherent dangers in participation in afterschool activities, which may present a strain on the body, and its parts, and furthermore, I represent to the best of my knowledge the participant is in proper physical condition to allow participation. I therefore assume all risk associated with participation in said program. I, the undersigned, have read this release and understand all its terms and implications and I hereby execute this release of my own free will and with full knowledge of its significance.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_