



2010-2011
AFTER SCHOOL PROGRAM
REGISTRATION FORM

I, the parent or legal guardian of the minor named below, hereby give my permission for my child or ward to participate in the Town of Standish's programs. I hereby waive, release and absolve the Town of Standish, its officers, agents, employees and all other participants in this program, from any and all claims, rights or causes of action, whether for property damage or personal injury, including death, which may arise out of my child or ward's participation in the recreational activity named on this form. Further, I hereby agree to defend, indemnify and hold harmless the Town of Standish, its officers, agents, employees and all other participants in such activity from any claim arising out of injury to my child or ward arising from his or her participation in any way in the activity(ies) described on this form.

Participant's Name: _____ Gender: _____

Date of Birth: _____ Grade (as of September, 2010): _____

School attending: _____ Teacher: _____

Parent/Guardian Names: Mother: _____

Father: _____

Complete Mailing Address: _____

Street Town Zip Code

Home Address if different from above: _____

E-mail Addresses: _____

Phone #'s: Mother: Home: _____ Cell: _____ Work: _____

Father: Home: _____ Cell: _____ Work: _____

Emergency contact person (other than parent):

1) Name: _____ Phone #: _____

Medical concerns / Other issues that we should be aware of: _____

Please list the name(s) of any other persons who may pick your child up from the program:

My signature below indicates that I agree to the waiver above & that I am the person responsible to pay the Town of Standish the fees incurred by this program as the payments are due.

Signature of Parent/Guardian: _____ Date: _____

Initial here to indicate you received a copy of the rules of this program and will review them with your child.

Initial here to give permission for your child to ride the bus for participation in the program.

Initial here to give permission for your child to be photographed for website, newsletters or local newspapers.

Date your child will begin program: (first day of school is 8/30/10) _____

Days of the week child will be attending: ___ M ___ T ___ W ___ Th ___ F

Amount of Deposit Received: \$ _____

Account 2280