



After-School Activity Program

Student information

Child's name: _____ Name called: _____

Home address: _____

Grade 2009-2010: _____ Birth date: _____ School: _____

Parent information

Mother's/guardian's name: _____

Home phone: _____ Work phone: _____ Cell: _____

Employer: _____ Email: _____

Father's/guardian's name: _____

Home phone: _____ Work phone: _____ Cell: _____

Employer: _____ Email: _____

Status: Your child will attend: Part-time Full-time

**All part-time students must purchase a card at the time of registration in order to begin the After-School Activity Program.*

Deposit: \$25 per child Amount Enclosed: \$ _____ Cash \$ _____ Check # _____

Make check payable to EXSS/ASAP.

The following people have my permission to pick up _____ (child's name) from the After-School Activity Program if I am not available to do so:

| <u>Name</u> | <u>Relationship</u> | <u>Phone</u> |
|-------------|---------------------|--------------|
| / | / | / |
| / | / | / |
| / | / | / |

I understand that I must send a signed note in advance when someone other than those listed above will be picking up my child(ren). For security reasons, they will be required to show a photo ID.

Parent's Signature

Date

Enrollment is limited and on a first-come, first-serve basis.

EMERGENCY INFORMATION
(Must complete)

Emergency contacts other than parents

Name: _____

Work phone: _____ Cell phone: _____

Name: _____

Work phone: _____ Cell phone: _____

Name: _____

Work phone: _____ Cell phone: _____

Medical information

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Preferred hospital: _____ (must list in case of emergency)

Allergies: please list ALL known medication, food, and other allergies:

Medications - please list any medications your child is taking regularly (if this changes, please let us know): _____

List any medical condition that could affect your child's participation in physical activity:

INSURANCE INFORMATION

My child is covered by (check one: _____ family _____ school) insurance:

INSURANCE IS MANDATORY

Insurance company: _____ Policy # _____

I have read the Parent's Guide and fully understand the rules and regulations of the After-School Activity Program.

Signature of parent or guardian

Date

NC Child Passenger Safety Law – G.S. 20-137.1

This law states that “When a child reaches age 8 (regardless of weight) or 80 pounds (regardless of age), a properly fitted safety belt may be used instead of a booster.” The After-School Activity Program will use a booster seat if your child does not meet the criteria stated above. Please read and check the appropriate category below for your child.

Check One:

_____ My child needs a booster seat.

_____ My child is _____ years old and weighs _____ pounds as of 08/25/09 and does not need a booster seat.

Signature of parent or guardian

Date

Photography Release

I give permission for my child, _____, to be photographed and/or videotaped while he/she is participating in the After-School Activity Program. Photos and video clips may be used when presenting the study at professional meetings and as part of a video that describes the research activities of faculty in the Department of Exercise and Sport Science.

Signature of parent or guardian

Date