TELEGRAPH HILL NEIGHBORHOOD CENTER

After School Academy 2010-11

School-Age (K-5)

REGISTRATION AND RELEASE FORM

CHILD'S NAME	AGE	CHILD'S BIRTHDATE	GRADE (IN FALL 2010)

PERSON(S) RESPONSIBLE FOR CHILD:

NAME & RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE	E-MAIL
NAME & RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE	E-MAIL
CHILD'S PRIMARY ADDRESS:		CITY		ZIP CODE

EMERGENCY PICK-UP CONTACTS (OTHER THAN THOSE LISTED ABOVE)

NAME & RELATIONSHIP	HOME PHONE	CELL PHONE	Is this person authorized to pick your child up from Tel-Hi?
NAME & RELATIONSHIP	HOME PHONE	CELL PHONE	☐ YES ☐ NO
NAME & RELATIONSHIP	HOME PHONE	CELL PHONE	☐ YES ☐ NO

ADDITIONAL PERSONS WHO MAY PICK UP MY CHILD FROM TEL-HI:

NAME	HOME PHONE	CELL PHONE
NAME	HOME PHONE	CELL PHONE

MEDICAL INFORMATION AND CONSENT:

PHYSICIAN AND/OR DENTIST TO BE CALLED IN AN EMERGENCY	MEDICAL PLAN #
ADDRESS	PHONE NUMBER

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL _____ OTHER (EXPLAIN):_____

PLEASE LIST ANY ALLERGIES OR SPECIAL MEDICAL CONDITIONS:

I give permission for my child to participate in all of the After School Academy 2010-11 at the Telegraph Hill Neighborhood Center (Tel-Hi), including but not limited to field trips. I will assume full responsibility for my child and not hold Tel-Hi staff or volunteers responsible for any damages or accidents that may occur . In case of emergency, I give the staff of Tel-Hi permission to obtain medical help if needed. In signing this agreement I also acknowledge that I have received and agree to abide by the policies and procedures outlined in the ASA Family Handbook.

Parent Signature: _____ Date:_____