

# After School Program Registration Form

Camper's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Movie Rating: G PG PG-13 Gender: M F

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## Parent or Legal Guardian (Primary Contact)

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_

## Parent or Legal Guardian (Secondary Contact)

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_

## Additional Emergency Contact

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Persons other than a Parent/Guardian authorized to pick up camper(s)

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

**\*\*\*Everyone MUST present a photo ID in order to pick up camper(s). \*\*\***

Please list **any physical/mental/emotional conditions, special needs, allergies, or any other general information** about your child(ren) which we need to be informed of. Children with special accommodations or needs must have an additional application completed and a meeting scheduled prior to enrolling (see Director for details). All medications to be administered during the Program must be given to the Director with a Medication Form completed by parent or guardian (see Director for form). All medications will be kept in a locked safe behind the front desk at the Center.

If this does not apply to your child please indicate this by writing "N/A" below.

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Please initial each statement below

\_\_\_\_\_ I have received a copy of the Program Handbook which includes the discipline policy. I have read it and agree to adhere to it. Copies of the Program Handbook are available online at LCRAC.com.

\_\_\_\_\_ I understand that LCRAC does not administer corporal punishment. I understand that my child(ren) is covered with secondary insurance (*\$50 deductible to be paid when used*).

\_\_\_\_\_ I give LCRAC permission to transport my child(ren) on LCRAC approved vehicles, routes, & field trips.

\_\_\_\_\_ I understand that if I my balance falls behind, my child may not return until the balance is paid in full. Payments are due no later than Wednesday each week that my child attends.

\_\_\_\_\_ I understand that my child(ren)'s photo may be taken for use in LCRAC promotional media. I waive the right to inspect or approve the photo if used for such purposes.

\_\_\_\_\_ I understand that any medications that must be administered to my child(ren) require a Medication Form signed by a parent or guardian.

I have been referred to this program by (child or parent name): \_\_\_\_\_

Waiver

I certify that my child is able to participate and hereby give my approval for the above-name child(ren) to participate in any and all program activities. I assume all risks and hazards incidental to such participation including transportation to and from all activities; and as a condition of such participation, I hereby for myself and my heirs, executors and administrators, waive and release any and all rights and claims for personal injury and otherwise which I may have against the Lexington County Recreation & Aging Commission, their agents, representatives, and successors, for any and all claims of liability. In the event of emergency, if camp staff is unable to contact me I hereby authorize for a medical treatment. By signing below, I assume all responsibilities for charges incurred on my child(ren)'s account.

Parent/Guardian 1 Printed Name: \_\_\_\_\_

Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 2 Printed Name: \_\_\_\_\_

Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_