



# Wolsey Wessington School

## 21st CCLC-AIM High

### 2015-2016 After School Program

### Enrollment Form

\*Only 1 Enrollment form needs to be filled out per family

Student's Name	Grade	Age

Address: \_\_\_\_\_ Home #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Authorized to Pick Up your student from activities: \_\_\_\_\_

E-mail : \_\_\_\_\_

### Emergency Information

Does your child(ren) have any physical or emotional limitations that would prohibit him/her from participating in their registered Summer activities. If **YES**, please explain:

\_\_\_\_\_

Is your child(ren) currently taking any medications or have any allergies or dietary restrictions? If **YES**, please indicate type of medication, the reason for the medication and how it is taken and/or detail any allergy or dietary restriction: \_\_\_\_\_

In the event of an emergency, please indicate the person(s) whom you would like contacted **other than yourself**:

\_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

RELEASE WAIVER OF LIABILITY – I, the undersigned parent/guardian, give permission for the below-named student to participate in any 21<sup>st</sup> CCLC & After School Program related activities. I hereby release, waive, discharge and covenant not to sue the Wolsey-Wessington School District, its directors, officers, agents and employees all for the purpose hereby referenced as “releases,” for all liability to the above-named student and/or undersigned, for any and all loss, injury, damage, and any actions, claims, demands, damages, costs or expenses therefor, which the above-named student or I may have against releases arising out of, or in any way connected with, the above-named student’s participation in any school-related activity. I also consent for emergency care for the above-named student’s if deemed necessary.

THIS IS A RELEASE OF LEGAL RIGHTS. READ BEFORE SIGNING.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Permission to Walk/Bike Home

\*\*\*If child will not be biking or walking home DON'T fill out this area!!!

I authorize my child(ren) to walk/bike home after their registered After School Program activities. At \_\_\_\_\_ time.