

**Registration Form
2017-2018
St. Augustine Cathedral School After-School
After School Care Program**

Child's/rens' name/s _____

Grade/s _____

Age/s _____

Birth Date/s _____

Mother's Name _____

Father's Name _____

Address: _____

City _____

State _____

Zip _____

Phones: (home) _____

Mom work _____

Dad work _____

Mom cell _____

Dad cell _____

Mom pager _____

Dad pager _____

Emergency Contacts:

name _____

relationship _____

phone number/s _____

name _____

relationship _____

phone number/s _____

name _____

relationship _____

phone number/s _____

I, _____, certify that my child/ren is/are in good health and is/are free from any and all communicable disease or illness. My child/ren can take part in all physical activities during after school care unless restrictions are noted on the back of this form. I further certify that all of my child's/rens' immunizations are up to date. The immunization record or appropriate waiver is on file with the child's school.

Parent Signature _____

Date: _____

I hereby agree to follow all rules as listed in the handbook for this program and as set by the Director of the program. I understand that this program will be operated in a similar manner to the rules and expectations of the school, in areas of language, behavior, and acceptable activities. I further understand my obligations regarding payment and timely pick-up of my child/children.

Parent Signature/date

School year 2017-2018

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school/parish-sponsored activity requiring transportation to a location away from the school premises. This activity will take place under the guidance and supervision of employees from St. Augustine Cathedral School.

Name of Event: **St. Augustine middle school sporting events**

Destination: **Crowley Center**

Designated Supervisor of Activity: **After school care supervisors**

Date and Time: **Any day during the school day**

Method of Transportation: **N/A**

Cost:

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

*****STATEMENT OF CONSENT*****

I hereby consent to participation by my child, _____, in the event described above. I understand that this event will take place away from the school/parish grounds and that my child will be under the supervision of the designated school/parish employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this field trip, I hereby agree on behalf of myself and my child, to release St. Augustine School and/or Parish, the Roman Catholic (Arch) diocese of Kalamazoo, and any and all affiliated organizations, their employees, agents and representatives ~ including volunteer drivers (collectively "Releases"), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releases from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. This release or indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self - insurance or deductible applicable to any claim.

(Print Parent's Name)

(Parent's Signature)

(Date)