

StarKidz After School Program Registration Form

Date	

New Prospect Elementary	School of Attendance								
Boiling Springs Elementary Boiling Springs Middle Boiling Springs Intermediate Carlisle-Foster Grove Elementary Student Name Fairforest Elementary Boiling Springs Middle Boiling Springs Intermediate Carlisle-Foster Grove Elementary Student Name Grade Boy/Girl Date of Birth Student Name Entering Boy/Girl Date of Birth Student Address: City: Zip Mother/Guardian Name: Work Phone: Home Phone: Mobile Phone: Father/Guardian Name: Work Phone: Home Phone: Mobile Phone: Father/Guardian Name: Work Phone: Home Phone: Mobile Phone: Father/Guardian Name: Emergency Phone: Relationship to Child Emergency Contact: Emergency Phone: Relationship to Child: Emergency Contact: Emergency Phone: Relationship to Child: Emergency Contact: Emergency Phone: Relationship to Child: I agree to waive and release StarKidz After School, LLC and StarMakers Dance Company, LLC and its members, agents, and employees from and against any and all claims, cost liabilities, expenses, or judgments, including attorney's fees and court costs arising from my child's (or my) participation in the StarKidz After School porgam or any illness or injury resulting therefrom. If urther agree to indemnify and hold harmless StarKidz After School and StarMakers Dance Company from and against any and all such claims, whether caused by negligence or otherwise. understand and agree that StarKidz After School porgam or any illness or injury resulting therefrom. If urther agree to indemnify and hold harmless StarKidz After School and StarMakers Dance Company shall not be responsible for the onduct of other uses of StarKidz/StarMakers or its facilities. It understand and agree that by signing this waiver, I am freeing StarKidz After School and StarMakers Dance Company and its members, agents, or employees from any liability resulting from my child's (or my) participation in any activity, on and off premise, related to the this program in StarMakers Dance Company to	Inman Elementary	Inman Ir	ntermediate	Mabı	ry Middle	Cam	oobello-Gramling	g School	
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understand this Release.									
Parent/Guardian Signature Date	I hereby represent that I underst understand this Release.	and and am fam	niliar with the nat	ure of activit	ties in which my child	l will participat	e and have persor	nally read and	
			Parent/Guardian	n Signature				 te	



Parent/Guardian Signature:

StarKidz After School Program Registration Form

Release Authorization								
I authorize the following people (persons over 16 years old) to pick up my child (other than Parent/Guardian):								
Name:	Relationship:	Phone:						
Name:	Relationship:	Phone:						
Name:	Relationship:	Phone:						
Name:	Relationship:	Phone:						
Waiver/Authorization to Consent to Treatment of Minor								
I, the undersigned parent/guardian of, waive any claim for injury or loss								
to said child that may be incurred or sustained as a result of participal connection with activities conducted under the auspices of StarKidz A	=	emises and equipment by said child in						
I, the undersigned parent/guardian of								
StarKidz After School, its members, agents, employees, and voluntee								
examination, anesthetic, medical or surgical diagnosis or treatment a rendered under the general or special supervision of any physician ar								
treatment is rendered at the office of said hospital.	ia sargeon neensea n	ospital, whether such diagnosis of						
It is understood that this authorization is given in advance or								
or hospital care which the aforementioned physician in the exercise of this authorization shall remain effective, unless revoked in various process.		-						
This authorization shall remain effective, unless revoked in v	viiting and delivered	to Starkiuz Arter School.						
Parent/Guardian Signature:		Date:						
Health Info	rmation							
Diagnosed medical conditions: (Check all that apply)								
Epilepsy ADD Autism Autism	Asthma C	Other						
List All Medications Currently Taking (Parent/Guardian Must Send to Facility)								
List Known Allergies (Check to indicate Life Threatening)								
Physical Limitations/Activity Restrictions:								

Date: