StarKidz After School Program Registration Form

Date

School of Attendance

☐ Inman Elementary ☐ Inman Intermediate ☐ Mabry Middle School ☐ Hendrix Elementary

☐ Boiling Springs Elem. ☐ Boiling Springs Int. ☐ Boiling Springs Middle ☐ Oakland Elementary

☐ Holly Springs Motlow ☐ Campobello Gramling ☐ Fairforrest Elementary ☐ Shoally Creek Elementary

☐ Other:_____

****Must have a minimum of three families from each school for StarKidz to pick up.**

Student Name Last: First: Middle:	Grade Entering	Boy/Girl	Date of Birth	T-shirt Size

Student Address:		City:	Zip:
Mother/Guardian Name:	Work Phone:	Home Phone:	Mobile Phone:
Father/Guardian Name:	Work Phone:	Home Phone:	Mobile Phone:
Primary Email Address:		Secondary Email Address:	

Emergency Contact:	Emergency Phone:	Relationship to Child:
Emergency Contact:	Emergency Phone:	Relationship to Child:

Hold Harmless Agreement

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 program or any illness or injury resulting therefrom.

I further agree to hold harmless StarKidz After School and StarMakers Dance Company from and against any and all such claims, whether caused by negligence or otherwise. I understand and agree that StarKidz After School and StarMakers Dance Company shall not be responsible for the conduct of other users of StarKidz/StarMakers or its facilities.

I 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.

I give my permission to StarKidz After School and StarMakers Dance Company to photograph me or my children participating in the programs for use in StarKidz/StarMakers publicity and publications and will not seek compensation for such. _____Please Initial

I hereby represent that I understand and am familiar with the nature of activities in which my child will participate and have personally read and understand this Release.

Signature:_____ **Date:**_____

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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 participation and/or use of premises and equipment by said child in connection with activities conducted under the auspices of StarKidz After School.

I, the undersigned parent/guardian of_____, a minor, do hereby authorize StarKidz After School, its members, agents, employees, and volunteers as agent(s) for the undersigned to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed hospital, whether such diagnosis or treatment is rendered at the office of said hospital.

It is understood that this authorization is given in advance of any specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization shall remain effective, unless revoked in writing and delivered to StarKidz After School.

Parent/Guardian Signature: _____ Date:_____

Health Information

Diagnosed medical conditions: (Check all that apply)

Epilepsy ☐ ☐ ADD ☐ ADHD ☐ Autism ☐ Asthma ☐ Other_____

List All Medications Currently Taking (Parent/Guardian Must Send to Facility)

List Known Allergies (Check to indicate Life Threatening)

Physical Limitations/Activity Restrictions:_____

Parent/Guardian Signature:_____ Date:_____