

Signature:_

StarKidz After School Program Registration Form

Date	

School of Attendance									
nman Elementary Inman Intermediate			Mabry Middle School			Hendrix Elementary			
Boiling Springs Elem.	g Springs Elem. Spartanburg Christian			Boiling	Boiling Springs Middle Oakland Elementary				
Holly Springs Motlow	☐ Camp	obello	Gramling	☐ Fairfor	est Elen	nentary	□ Sugar R	dge Elementary	,
High Point Academy	ш .	Prospec				,			
Other:		· · · · · · · · · · · · · · · · · · ·		_					
**Must have a minimu	m of three	famili	es from e	ach school fo	r StarKi	idz to pic	ck up.		
Student Name						Grade		. Date of	T-Shirt
Last:	First:			Middle:		Enterin	ng Boy/Gi	rl Birth	Size
Student Address:				City:			Zip:		
Mother/Guardian Name: Home Phone:			Mobile Phone:			Work Phone:			
Father/Guardian Name: Home Phone:			Mobile Phone:			Work Phone:			
Primary Email Address:				Secondary Email Address:					
			<u> </u>						
Emergency Contact:	ency Contact: Emergency Phone:			Relationship to Child:					
Emergency Contact: Emergency			Phone:			Relationship to Child:			
Hold Harmless Agreement I agree to waive and release against any and all claims, coparticipation in the StarKidz I further agree to indemnify whether caused by negligenoresponsible for the conduct of I understand and agree that employees from any liability I give my permission to Staruse in StarKidz/StarMakers	ost liabilities After School and hold har ee or otherwi of other users by signing the resulting fro Kidz After Sc publicity and	expension programmess States. I und so of Stark is waiver mmy chechool and publication programmes is waiver more more more more more more more mo	es, or judgme or any illnes arkidz After S erstand and a kidz/StarMak , I am freeing ild's (or my) d StarMakers ations and wi	ents, including a ss or injury result School and StarMa agree that StarKi ers or its facilitie g StarKidz After S participation in a s Dance Compan ill not seek com	ettorney's fing therefore the control of the contro	rees and confrom. The Company chool and S StarMakers The Company on and o Starmand of the Company of the Company The Company of the Compan	ort costs arisin from and aga starMakers Dan s Dance Compa ff premise, rel or my childre	g from my child's (or inst any and all such the Company shall no my and its members ated to the this pro in participating in the Initial	or my) n claims, tot be s, agents, or gram. he programs for
I hereby represent that I undunderstand this Release.	derstand and	am fami	liar with the	nature of activit	ies in whi	cn my child	ı will participa	ce and have persona	illy read and



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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								
Parent/Guardian Signature:	Date:							
Health Information								
Diagnosed medical conditions: (Check all that apply)								
Epilepsy ADD ADHD Auti	sm 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:								