



# Longs Peak Middle School

The Place Registration 2010-2011



## STUDENT INFORMATION

_____		_____		_____	
First Name	Middle Name	Last Name			
_____		_____	_____	_____	
Street Address		City	State	Zip Code	
_____		_____	_____	_____	
Home Phone		Child's Cell Phone		Date of birth	
_____		_____		_____	
Age	Grade Level	Gender M/F	Child's Email Address		
_____	_____	_____	_____		

## PARENT GUARDIAN INFORMATION

_____		_____		_____	
Parent/ Guardian #1 First Name		Parent/ Guardian #1 Last Name		Parent/ Guardian #1 Cell Phone	
_____		_____		_____	
Parent/ Guardian #1 Work Phone		Employer		Occupation	
_____		_____		_____	
Parent/ Guardian #2 First Name		Parent/ Guardian #2 Last Name		Parent/ Guardian #2 Work Phone	
_____		_____		_____	
Parent/ Guardian #2 Cell Phone		Employer		Occupation	
_____		_____		_____	

## EMERGENCY CONTACT INFORMATION

_____		_____			
Name of person to notify in an emergency other than parent		Relationship			
_____		_____			
Home phone		Work phone		Cell phone	
_____		_____		_____	

## MEDICAL INFORMATION

Please List any medical problems or allergies:

Please list any medication being taken:

\_\_\_\_\_  
Medication

\_\_\_\_\_  
Reason

\_\_\_\_\_  
Medication

\_\_\_\_\_  
Reason

**MINOR CHILD RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT FOR PARTICIPATION IN PROGRAMS SPONSORED BY THE CITY OF LONGMONT**

I understand that there are certain risks involved with participating in the City of Longmont after school program. On behalf of my minor child identified above, I hereby RELEASE, DISCHARGE, AND AGREE TO HOLD HARMLESS THE CITY OF LONGMONT, ITS OFFICERS, AGENTS, VOLUNTEERS, ASSISTANTS AND EMPLOYEES, from any and every claim, demand or action of any kind arising due to bodily injury, illness, death and/ or property damage resulting from an incident which may occur to my minor child as a result of my minor child's participation in the City's activities. The RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT does not apply if such injury, death or damage is caused by the willful, reckless or gross negligence of the City of Longmont, its officers, agents, volunteers, assistants or employees.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

**EMERGENCY MEDICAL AUTHORIZATION:**

I furthermore give permission to the City of Longmont and its employees and volunteers to obtain emergency medical treatment for my child or the child over whom I have legal custody, each of whom is listed above. I understand that all reasonable effort will be made to contact me prior to seeking medical care for the child listed above. If I cannot be reached, the City of Longmont will exercise reasonable judgment in seeking medical treatment of my child. The City of Longmont may contact the following health care provider for medical treatment or other health care providers if the health care provider listed below is not available.

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date

**PHOTOGRAPH RELEASE:**

To more effectively promote programs and activities sponsored by The City of Longmont, the City of Longmont seeks permission of program and activity participants to photograph their child participating in City of Longmont programs and activities. I permit the City of Longmont to take and use photographs of my child for the purpose of promoting city programs and activities. This includes permission to publish photographs of my child for such purposes.

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date

**FIELD TRIP ACKNOWLEDGMENT:**

I understand that The Place often leaves LPMS for field trips and some times does not return until 6:00pm. I also understand that permission slips are only required for trips leaving Boulder County. I also understand that my child will be transported by City of Longmont employees in a City of Longmont vehicle for field trips that occur with The Place.

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date