



SUMMER 2010

Registration Form

Week: 1 2 3 4 5 6
(please circle all that apply)



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	Child's Email Address		

Emergency Contact Information

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

Parent Guardian Information

_____		_____		_____	
Parent/ Guradian #1 First Name	Parent/ Guardian #1 Last Name	Parent/ Guardian #1 Work Phone			
_____		_____		_____	
Parent/ Guardian #1 Cell 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			

Please List any medical problems or allergies: _____

Health Insurance Company

Insurance Policy Number

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

Name of physician or health care provider

Address

Phone

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