

# Registration

## Member Information

**Member's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Movie Rating: G PG PG-13 Race: \_\_\_\_\_(optional)

**2nd Member's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Movie Rating: G PG PG-13 Race: \_\_\_\_\_(optional)

**3rd Member's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Movie Rating: G PG PG-13 Race: \_\_\_\_\_(optional)

## Parent/Guardian Information

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

## Contact Information

Mother's Home Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Father's Home Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_

Relationship to camper(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

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## Persons authorized to pick up member(s)

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**\*\*\*Everyone MUST present a photo ID in order to pick up member(s).\*\*\***

Please list any physical/mental/emotional conditions, special needs, allergies or any other general information about your child(ren) which we need to be informed of. All **Children with Special Needs** must have a special needs application completed and meeting scheduled prior to enrolling (see Director for details). All **medications** to be administered during the After School Program must be given to the Director with a Medication Form completed by Parent/Guardian (see Director for form). All medications will be kept in a medication safe behind the front desk at the Center.

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## Please initial the statements below

- \_\_\_\_\_ I have received a copy of the After School Program handbook which includes the discipline policy.  
\_\_\_\_\_ I have read it and agree to adhere to it.
- \_\_\_\_\_ I understand that LCRAC does not administer corporal punishment.
- \_\_\_\_\_ I understand that my child(ren) is covered with secondary insurance (\$50.00 deductible).
- \_\_\_\_\_ I give LCRAC permission to transport my child(ren) on Leisure Center approved field trips.
- \_\_\_\_\_ I understand that if I get more than 2 weeks behind in payments, my child(ren) may not return until the account balance is paid in full.
- \_\_\_\_\_ I understand that my child(ren)'s photo may be taken for use in promotional literature. I waive the right to inspect or approve the photo if used for such purposes.
- \_\_\_\_\_ I understand that any medications that must be administered to my child(ren) require a Medication Form signed by a parent or guardian.

## Waiver

I certify that my child is able to participate and hereby give my approval for the above-named child(ren) to participate in any and all program activities. I assume all risks and hazards incidental to such participation including transportation to and from all activities; and as a condition of such participation, I hereby for myself and my heirs, executors and administrators, waive and release any and all rights and claims for personal injury and otherwise which I may have against the Lexington County Recreation and Aging Commission, their agents, representatives, and successors, for any and all claims of liability. In the event of an emergency, if camp staff is unable to contact me I hereby authorize for medical treatment. By signing below, I assume all responsibilities for charges incurred on my child(ren)'s account.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_