



FOR OFFICE USE ONLY	
Amount Paid	_____
Cash	_____ Check # _____
Receipt #	_____
Staff	_____

HENRY COUNTY PARKS & RECREATION AFTER SCHOOL ACADEMIC ENRICHMENT REGISTRATION FORM

Instructions:

1. One registration form per participant.
2. Please print.
3. Must be completed by a parent or legal guardian.
4. Please make check payable to HCRD.
5. **Payments are due the Friday before the following week. No Exception**

Please check the appropriate location: _____ Fairview

Participant's Name: _____ Age: _____
 Address: _____ Birthday: ____/____/____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Sex: M / F
 E-mail address: _____



Please complete section below by filling in parental or guardian information.

Name: _____ Relationship: _____
 Address: _____
 Home Phone: _____ Work Phone: _____
 Pager or Mobile Phone: _____

Name: _____ Relationship: _____
 Address: _____
 Home Phone: _____ Work Phone: _____
 Pager or Mobile Phone: _____

List any other sibling(s) that will be attending the After School Program: _____

If any of this information should change while participant is attending after school, please notify the Recreation office as soon as possible.

EMERGENCY NUMBERS: Please give the name, address and phone number of two people that may be notified in case of emergency or illness, when parents or guardian are not available. These people should live in Henry County. Please provide a telephone number where these people may be reached during program hours.

Name: _____ Relationship to child: _____
Address: _____ City: _____
Phone Numbers: Home: _____ Work: _____ Cell: _____

Name: _____ Relationship to child: _____
Address: _____ City: _____
Phone Numbers: Home: _____ Work: _____ Cell: _____

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PARTICIPANT'S PHYSICIAN

Physician's Name: _____ Phone: _____
Address: _____

Please list the name of your major medical health insurance company: _____

Is the Participant covered under this health insurance company: YES NO

List any medications participant is currently taking: _____

Will the participant be taking medication during the After School Program? YES NO
(If yes, then please fill out the Authorization for Medication Form)

List any known allergies: _____

Does the participant have any special needs that would keep him/her from participating in activities with a group of other children? If so, what would your child need to enable him/her to participate? _____

Is there any other information you would like to give us about your child to help us better care for him/her? _____

GENERAL WAIVER AND PHOTOGRAPH RELEASE

KNOW ALL MEN BY THESE PRESENTS:

That I, _____, Parent or Legal Guardian of _____ hereby release and discharge, and by these presents do for myself, my heirs, executors, administrators and assigns release and forever discharge Henry County, Georgia, the Henry County Parks and Recreation Department, and the Henry County Board of Education, and their respective members, employees, contractors, agents and representatives, of and from all claims, demands, damages, actions, causes of action or suits at law or in equity, of whatsoever kind or nature which I now have or may have hereafter, for or because of any matter or thing done, omitted, or suffered to be done by said entities prior to and including the date hereof, and particularly on account of all injuries both to person and property resulting, or to result, from participation in programs and activities sponsored by the Henry County Parks and Recreation Department during the 2011 School Year.

Additionally, I hereby grant to Henry County, Georgia and the Henry County Parks and Recreation Department my absolute and unconditional permission to use, without charge, any and all photographs, video reproductions or other like kinds of imagery production taken during the event in which I or my likeness or image may appear as the subject matter for publicity or any other purpose. I understand that my name will be included with the photograph or other image.

I also acknowledge that Henry County Parks and Recreation Department’s Afterschool Program has been exempt from licensing requirements set by the state of Georgia.

IN WITNESS WHEREOF, the undersigned hereby executes this release this _____ day of _____, 2017.

Printed Name

Signature

Address

Signed in the presence of:

Unofficial Witness

ACKNOWLEDGEMENT OF HANDBOOK

By signing below, I acknowledge that I have received a copy of the After School Enrichment Program Handbook and I also agree to all the rules set forth in the Handbook.

Signature: _____ Date: _____

PAYMENT POLICY

Please initial this payment policy:

_____ I understand that payment for each session is due on Friday Before the following week. No exception

PARTICIPANT RELEASE

Persons Authorized to Pick Up Your Child:

Name: _____ Address: _____
Phone Number: (____)_____

Name: _____ Address: _____
Phone Number: (____)_____

Name: _____ Address: _____
Phone Number: (____)_____

Name: _____ Address: _____
Phone Number: (____)_____

Special Instructions:

This form can be changed/updated at any time during the School Year. Your child will not be released to anyone not on this list without written permission from you. If anyone is forbidden by law from having custody of your child, we must have a copy of the restraining order on file.