

# OLD HOMOSASSA LEARNING CENTER



A Committee of the Homosassa Civic Club

10050 W. Yulee Drive, Homosassa

## AFTER-SCHOOL ENRICHMENT PROGRAM

### Registration Form

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Contact # \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Contact # \_\_\_\_\_

### Emergency Contacts

Name \_\_\_\_\_ Contact # \_\_\_\_\_

Name: \_\_\_\_\_ Contact # \_\_\_\_\_

Student will be picked up by \_\_\_\_\_ Relation \_\_\_\_\_ # \_\_\_\_\_

Student will be picked up by \_\_\_\_\_ Relation \_\_\_\_\_ # \_\_\_\_\_

Student will be picked up by \_\_\_\_\_ Relation \_\_\_\_\_ # \_\_\_\_\_

Student will be picked up by \_\_\_\_\_ Relation \_\_\_\_\_ # \_\_\_\_\_

\*Student will not be allowed to leave with someone NOT listed above unless prior arrangements are made by parent/guardian\*

Please check if you do not want your child's photograph on Social Media

### Is your child being treated for any of the following?

Diabetes  Yes  No Hemophilia or bleeding disorder  Yes  No

Asthma  Yes  No Epilepsy or Seizures  Yes  No

Is your child taking medication?  Yes  No

### If yes:

Prescription Medication: \_\_\_\_\_

Non-prescription Medication: \_\_\_\_\_

\*All medication must be in original pharmacy container/bottle and labeled with appropriate medication label and times for administration must be noted.\*

Does your child have allergies?  Yes  No If yes, specify: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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### Liability Release and Parental/Guardian Consent Form

In consideration of the acceptance of my application for the above program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance the Old Homosassa Learning Center, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

I assume all responsibility for risks and hazards incidental to participation in the Old Homosassa Learning Center's Enrichment Program. I assume all responsibility for the behavior of my child and grant Old Homosassa Learning Center's Enrichment Program permission to discipline my child for misbehavior based on the Citrus County School District's code of conduct. I do not hold Old Homosassa Learning Center or the Homosassa Civic Club or any of their personnel responsible for any injuries or accidents of any kind, or loss of personal property. I grant my permission to Old Homosassa Learning Center's After School Program coordinator to authorize and obtain medical care in case of emergency when neither parent or guardian can be contacted to grant authorization for emergency treatment.

I give consent for my child \_\_\_\_\_ to participate in the above activities, and I execute the above liability release on their behalf.

**I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.**

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date