



## Amped Registration, Consent and Medical Release

Effective Date: September 5th, 2018 to June 12th, 2019

Serving 4<sup>th</sup> and 5<sup>th</sup> graders and their elementary age siblings

Operating from 1:00 to 5:30 during all early release dates for Burton and Harmony Elementary

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Grade: \_\_\_\_\_ School: \_\_\_\_\_ Gender: F / M

Parent/Guardian: \_\_\_\_\_ Home #: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home #: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Home address: \_\_\_\_\_  
Email address: \_\_\_\_\_

### Emergency Contacts (Other than Parent/Guardian):

**Please list the names and contact information of people, other than the parents/guardians listed above, that you authorize to pick up your child from Amped if you cannot be reached or are unavailable. \_\_\_\_\_ Initials**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Medical Information:

Insurance Company: \_\_\_\_\_ Physician: \_\_\_\_\_

Physician Phone #: \_\_\_\_\_ Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

### Medical Questions:

1- Does your child have any allergies? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

### 2- Additional Medical Information:

\_\_\_\_\_  
\_\_\_\_\_

Supporting families in our communities by promoting positive choices for life long success and providing a safe place for youth after school.

I hereby release Amped After School Community (Amped), its staff, volunteers and sponsors from any liability for any injury my son/daughter may sustain while participating in any Amped event or while being transported by Amped. In the event of an emergency, I hereby authorize one of the adult leaders from Amped to serve as an agent for me, to consent to any x-ray, exam, medical, dental or surgical diagnosis, treatment or hospital care. Care must be provided by a physician, EMT, RN, surgeon, or dentist (as appropriate) who is licensed to practice under the laws of the states where services are rendered, either at a doctor's office, hospital or clinic. I expect to be contacted as soon as possible if my child becomes injured.

I agree to indemnify and hold harmless Amped After School Community, East Park Church, employees, elected officials and volunteers while acting within the scope of their duties as such from and against all claims, demands, losses and liabilities of any kind and character, including the cost of defense, arising out of, or in any way connected with the registrant's participation in any Amped After School Community activity or function.

The participant on this registration form has my permission to participate in Amped After School Community. I understand it is my student's responsibility to inform me of the events in which he/she is participating. In the absence of a signature, payment of fees and/or participation in this program shall constitute acceptance of the conditions set forth in this agreement.

In understand it is my responsibility and my student's responsibility to communicate effectively to each other regarding all transportation to and from Amped.

**I understand that it is my responsibility to pick up my child from Amped by 5:30pm. If I am not able, it is my responsibility to make other arrangements ahead of time and communicate the plans with my child and the Amped staff/volunteers. \_\_\_\_\_ Initials**

Please allow my child \_\_\_\_\_ (name) to be transported from Burton Elementary or Harmony Elementary to the Amped program in a vehicle operated by an Amped staff or volunteers. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Amped After School Community, its employees or volunteers liable for damages, losses, or injuries incurred by my child. \_\_\_\_\_ Initials

I give my permission for my child's image to be used in any Amped related publications, promotional materials, website, slide shows or presentations. \_\_\_\_\_ Initials

I give my permission for my child to use the computers, gaming system, and tablets at the Amped program including accessing the internet. I understand that the participants of Amped are not allowed to log into email accounts, Facebook, or any form of chat room/social media. \_\_\_\_\_ Initials

I understand and agree to all information stated in this registration packet.

Parent/Guardian Printed Name: \_\_\_\_\_

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

Student/Participant Printed Name: \_\_\_\_\_

Student/Participant Signature: \_\_\_\_\_