

21st CENTURY COMMUNITY LIFE CENTER ACTIVITY REGISTRATION FORM

Once we receive your registration form and fees, your child has been registered. You will not be further contacted. Therefore, please note the starting date for your event or program.

Participant's Name: _____ Birth Date: _____

School: _____ Age: _____ Gender: Male _____ Female: _____

Address: _____

Telephone #: _____ Parent work #: _____

Email address: _____ Emergency Contact: Name _____

Phone: _____

List any medical conditions that we should be aware of: _____

The following activities will be offered throughout the summer. Please circle the following programs or events that you would like to enroll:

Movie Day

Cornhole tournament

Wii Tournament

Discovery Zone

3 on 3 Tournament

Basketball Camp

Volleyball Camp

Archery Skills and Safety

Warrior Fitness

Scrapbooking

Arts & Crafts

Cooking Club

Game Night

Activity(s) Registering for: _____ Start Date: _____

_____ Start Date: _____

_____ Start Date: _____

Class Time: _____ Day: _____ Fee: _____ T-Shirt Size (circle): YS (6-8) YM (10-12) YL (14-16)

AS, AM, AL, AXL, AXXL

Have you participated in any activity(s) before: _____ if so, how many consecutive sessions?

*****PLEASE READ AND SIGN THE WAIVER BELOW*****

In agreeing to participate in the activity, as a participant, parent or guardian of participant, I affirm that the general health of the participant is good and that the participant is not adversely affected by exercise and am capable of performing an activity of this nature.

In consideration of participating in this activity, I do hereby assume all risk of any injury to the participant and will indemnify and hold harmless from any and all liability, actions, causes, claims and demands of every kind of nature. Whatsoever that the participant has or which arises of or in connection with his/her participation in this activity, the County of Henry, Eminence Independent Schools, and 21st Century Community Life Center, and all their officers, agents, employees, staff, volunteers and successors.

It is likewise assumed and agreed that the participants will wear proper clothing and protective equipment during the activity and that it is the responsibility of the participant's guardian or parent to see this criteria is met. I grant permission to transport the participant to and from the event when required and hold harmless those to transport. Events may be scheduled on religious holidays.

I also agree to allow transportation of the participant to the nearest physician or hospital for medical treatment and agree for immediate first aid to injured person when deem necessary.

Signature of parent or adult guardian

Date

Printed name of parent or adult guardian