

**Sterling After School Activities
Sterling Recreation Authority
Registration Form**

Child's Name _____

Date of Birth _____ Grade (2016-17) _____

Home Address _____

Mailing Address _____

Home Phone _____ Email _____

Circle the Days your child will attend: M T W T F

(Contact) Parent/Guardian _____

Home Address _____

Relationship to Child _____ **Home#** _____ **Cell#** _____

Email Address _____

Place of Work _____ **Work#** _____

Parent/Guardian _____

Home Address _____

Relationship to Child _____ **Home#** _____ **cell#** _____

Email Address _____

Place of Work _____ **Work #** _____

****Unless you inform us otherwise we assume both parents/guardians will be allowed to pick your child up.**

Emergency Contacts

In case of an emergency, and the Sterling Recreation Staff are unable to contact the parent/guardians list on previous sheet, the following people have permission to make decisions regarding the care of my child, including permission to pick up my child in case of an emergency.

1. Name: _____

Relationship to Child: _____

Home #: _____ Work #: _____ Cell #: _____

2. Name: _____

Relationship to Child: _____

Home #: _____ Work #: _____ Cell #: _____

3. Name: _____

Relationship to Child: _____

Home #: _____ Work #: _____ Cell #: _____

I do/do not want my child/children to work on their homework while they are at the after school activities recreation program. I understand the counselors do not have teaching certification and are limited with helping my child/children with their homework.

Parent/ Guardian signature _____

STERLING RECREATION AUTHORITY
HEALTH INFORMATION AND INSURANCE WAIVER

*******IMPORTANT NOTE*******

STAFF MEMBERS CAN NOT ADMINISTER MEDICATION OF ANY KIND*

*If your child has a condition that requires medication, you are **MUST** fill out the
Individual Care Plan

Childs Name: _____ **DOB** _____ **Age** _____

If Parent/Guardian IS NOT AVAILABLE IN AN EMERGENCY, PLEASE NOTIFY:

Name: _____ Phone: _____

Relationship _____

Physician's Name: _____ Phone # _____

ALLERGIES: _____ **Medications:** _____

Other considerations: _____

Waiver and Medical release: I have read the Sterling Recreation After School Activities information provided and agree to follow all rules, regulations and policies as presented. I understand that unless my child follows the expected rules of behavior they will not be allowed to continue in the program. I recognize that there are inherent risks in participation in a recreational or sports activity. In consideration of your accepting this entry, I hereby, for myself, my child, my heirs, executors and administrator, waiver and release all rights and claims for damages I or my child may have against the Town of Sterling or Sterling School District and its representatives, successors and assigns for any and all injuries suffered by myself or my child during participation in the registered activity. **In case of an accident occurring during my or my child's participation, and it's representatives I hereby grant permission to the Town of Sterling to utilize any emergency medical care it deems necessary to treat any injuries suffered by myself or my child.** I further understand the Town of Sterling Recreation Department reserves the right to photograph facilities, activities and program participants for potential future use. All photos remain the property of the Town of Sterling Recreation Department and may be used for publicity promotional purposes only.

IN CASE OF AN EMERGENCY, ILLNESS OR ACCIDENT, THE TOWN WILL TRY TO CONTACT CHILD'S PARENT. IN THE EVENT THAT A PARENT CANNOT BE REACHED, THE TOWN HAS MY PERMISSION TO CONTACT THE CHILD'S PHYSICIAN AND /OR ARRANGE FOR THE CHILD TO RECEIVE MEDICAL TREATMENT AS NEEDED.

Parent/Guardian signature

Date