

Archdale Parks & Recreation  
2016-2017 After School Registration

Child's Full Name: \_\_\_\_\_ Current Age: \_\_\_\_\_  
Birth Date (MM/DD/YYYY): \_\_\_\_\_ M/F: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_  
Current Grade Level: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Email: \_\_\_\_\_

**Please list any additional people authorized to pick up your child from the program below:**

Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Please list any additional persons to contact in case of an emergency.**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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**Medical Information**

Is your child taking any medications? Yes \_\_\_ No \_\_\_

If yes, please list the medications: \_\_\_\_\_

Does your child have any allergies? Yes \_\_\_ No \_\_\_

If yes, please list the allergies: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Please list any other conditions or issues that you feel the staff need to know about: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Liability Release Statement**

In the event of an emergency I authorize Archdale Parks & Recreation staff to seek proper medical treatment for my child(ren). I agree to pay for all services not covered by medical insurance. I agree to keep insurance and necessary medical information updated. I have been given the opportunity to inspect the premises and equipment, and talk to staff.

The parent/Guardian hereby agrees to release, and hold harmless the City, its officers, agents, servants, and employees from and against any and all suits, actions, legal proceedings, claims demands, damages, costs, expenses, and attorneys' fees resulting from any loss, damages, or injuries that may occur during participation in City of Archdale Summer Camp Program activities.

*Please initial each statement*

- I have read and understand the liability release statement \_\_\_\_\_
- I have read and understand the payment policy \_\_\_\_\_
- I understand children must be picked up by 6:00pm \_\_\_\_\_
- I give permission for my child to be photographed while participating in camp activities.  
These photos may be used for promotional and advertising publications for the  
Parks and Recreation Department \_\_\_\_\_
- I give my child(ren) permission to be transported in City of Archdale vehicles  
from school and on field trips during holidays/teacher workdays \_\_\_\_\_

**I have read the Archdale Parks & Recreation Department After-School Program Parent Handbook packet and fully agree to its terms.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I agree to be the responsible party for payments for Archdale Parks and Recreation's Summer camp program that this child is enrolled in.**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_