

Students First/Last name _____

Registration Form

Name of School: _____

Please fill out a separate registration form for each child enrolling in the Mount Pleasant After-School program.

Please check one: New Student Returning Student

STUDENT INFORMATION:

Student's Address _____

City/State/Zip _____

Gender Male Female Birth Date _____ Age _____

Ethnicity _____ Grade _____

PARENT INFORMATION:

Parent/Legal Guardian _____

Phone (Day) _____ (Cell) _____ (Eve) _____

Parent/Legal Guardian _____

Phone (Day) _____ (Cell) _____ (Eve) _____

Email Address _____

SIGN OUT INFORMATION: Safety is a top priority to the Mount Pleasant After-School program; therefore no child enrolled will be released from the program without a parent/guardian signature or that of one of the two individuals listed below if parent cannot be reached. (Note: The names that appear below must be someone 16 years or older.)

Name: _____ Phone _____ Relationship _____

Name: _____ Phone _____ Relationship _____

PHYSICIAN TO BE CALLED IN AN EMERGENCY:

Name: _____ Address: _____

Phone: _____

Medical Insurance Carrier: _____ Policy #: _____

Medi-Cal# _____ Hospital used in Emergency _____

Are there any medical, family circumstances or cultural/religious requirements of which the leader should be aware of?

Current Medications:

Please read the following and sign at the bottom

I certify that the indicated participant(s) is/are in good physical and mental health and has/have never been declared medically ineligible for athletic competition. I further certify that the above mentioned participant(s) has/have had no previous pre-existing medical condition or injury, listed as, but not limited to exercise induced asthma, cardio or pulmonary (lung) disease, abnormal organ deficiencies, and head or neck injuries which may limit playing abilities. I understand that participation in the Mount Pleasant After-School program activities requires an acceptance of risk. With my signature, I hereby release and hold harmless the sponsors, promoter, the City of San Jose and all other persons and entities associated with Mount Pleasant After-School and events from any and all injury by the participant(s) indicated. Furthermore, I hereby grant full permission for all the foregoing to transport the above participant(s) upon request; and to use the above participant(s) photograph in video tapes, publications, motion pictures, recordings, or other records of events. I understand that the most reasonable care will be provided to the above participant(s) in the event of injury or illness during any Mount Pleasant After-School sponsored activity and authorize emergency medical care should it be needed. I have read and fully understand the foregoing and certify and represent that, as parent/guardian for the above child all registration and release information provided is true. I hereby represent that I have authority to bind and sign on behalf of all parent/guardians of the above participant(s).

Please Print Name of Parent/Guardian

Parent/Guardian Signature

Date