Limited Enrollment!!

Del Mar Union School District
After School Enrichment Program
Winter/Spring 2009 Registration Form

Please complete a separate form for each child

Office Use Only:
Class _____ ☐ F ☐ C
CK _____ ☐ R ☐ D Date _____

OC: _____
_____

Child's Name _____ Home Phone _____

Child prefers to be called _____

Sex: ____M ____F Birth date _____ School _____ Grade _____ Teacher _____

Mother's Name _____ Contact Phone _____

Father's Name _____ Contact Phone _____

Family E-Mail ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Mailing Address _____

_____ Zip Code _____

Emergency Contact _____ Phone _____

Allergies/Other Medical Alerts: _____

Please write check for your child's first choice classes only.
Second choices will be chosen if your child's first choice class is full or cancelled due to low enrollment.
Parent will be notified if their child doesn't receive their first choice.

Day	First Choice	Second Choice	Fee	Check #	PU	W	CC
Monday			$				
Tuesday			$				
Wednesday			$				
Thursday			$				
Friday			$				

PU = child will be picked up after class by an adult **W** = child will walk home **CC** = child will return to after school child care
☐My child has permission to leave child care to attend this after school enrichment class.

Class is confirmed unless you are notified otherwise.

IN ORDER TO COMPLETE THIS REGISTRATION, PLEASE READ THE AGREEMENT BELOW AND SIGN:

INDEMNITY, RELEASE, WAIVER AND ASSUMPTION OF RISK AGREEMENT (Please read carefully before signing)

I, the undersigned, do hereby agree to allow the student listed above to participate in the After School Enrichment Program(s) indicated. I understand these programs, by their very nature, can present circumstances that place the students at some risk of injury. Among factors affecting potential for injury are the inherent risks of the activity and the student's aptitude and intensity of involvement. I understand and agree that the above-named child is entered into this program at their own risk. In consideration of the acceptance of this registration form for the activities listed, the child named on this form or his/her legal guardian, agrees as follows: I understand the nature and content of the activity(ies) listed and am aware of the potential dangers incidental to engaging in the program(s). I agree to release, indemnify, defend and hold Del Mar Union School District, its officers, employees, agents, contractors and volunteers harmless and free from any and all liability resulting directly or indirectly from participation in the(se) program(s), including but not limited to liability for any and all demands, damages, claims, suits, liens and judgments, including costs and attorneys' fees, of whatever nature, for injury or death of any person, damage to property, or interference with the use of property, arising from or in connection with participation in the program(s). I have carefully read this Indemnity, Release, Waiver and Assumption of Risk Agreement and fully understand its contents and understand that it shall be binding upon me, my heirs, successors and assigns. I am aware that this is a full release of liability and sign it of my own free will.

_____

Parent or Guardian Signature Date Relationship

Full payment with a *separate* check to each instructor must accompany this registration form.

Return immediately to classroom teacher or Enrichment office.

Registration deadline is January 12, 2008. Late registrations will not be accepted.

Registration Due January 12th!!