

FALL 2012 KASEP REGISTRATION, AUTHORIZATION & HEALTH FORM

CHILD'S NAME _____ AGE _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

CHILD'S SCHOOL _____ ROOM NO. _____ GRADE _____

PARENT NAME _____ EMAIL _____ CELLPHONE _____

PARENT NAME _____ EMAIL _____ CELLPHONE _____

In case of medical emergency or other situation requiring immediate action, two other people to contact are:

Print Name	Relationship	Phone
------------	--------------	-------

Print Name	Relationship	Phone
------------	--------------	-------

In an emergency, these people are authorized to give permission for emergency medical treatment for my child. If you cannot reach me or them, I authorize the KASEP staff to take such action as they deem necessary, including treatment of my child by a physician, nurse or at a hospital or other facility.

Date: _____ Signature (Parent/Guardian): _____

Check here, sign and date only if your child is allowed to leave the building on his or her own.

Signature _____ Date _____

Please do not fill out classes or fees below. Use worksheet on preceding page.

Monday	\$	Tuesday	\$	Wednesday	\$	Thursday	\$	Friday	
11:30-1:00		11:30-1:00		11:30-1:00		11:30-1:00		11:30-1:00	
1:05-2:00		1:05-2:00		1:05-2:00		1:05-2:00		1:05-2:00	
2:25/2:45-3:40		2:25/2:45-3:40		1:50/2:10-3:05		2:25/2:45-3:40		2:25/2:45-3:40	
3:45-4:45/5:00		3:45-4:45/5:00		3:10-4:25		3:45-4:45/5:00		3:45-4:45/5:00	

\$10 Reg Fee _____ (paid once/yr.) \$20 Min Day Card _____ (paid once/yr.) Scholarship Donation \$ _____

Total Amt. Due _____	<u>Check No./Date</u>	<u>Explanation</u>
----------------------	-----------------------	--------------------

Amt. Pd. _____	_____	_____
----------------	-------	-------

Balance Due _____	_____	_____
-------------------	-------	-------

Total Amount of Check Received _____	Check No./Date _____
--------------------------------------	----------------------

Waiver/Release of Liability

Our legal counsel informs us that this form is necessary. Please read carefully.

On behalf of myself and the child enrolled, I acknowledge that certain of the activities in which my child may participate carry the risk of injury. On behalf of myself, my child, the members of my immediate family, our respective heirs, successors and assigns, I do herewith voluntarily assume all risks of such activities, and further, do herewith waive, release and forever discharge Kensington Community Council (hereinafter referred to as K.C.C.), Kensington Police Protection and Community Service District (hereinafter referred to as K.P.P.C.S.D.) and Kensington After School Enrichment Program (hereinafter referred to as KASEP), their respective officers, directors, agents, servants, employees, contractors and subcontractors, representatives, successors and assigns, from and of any and all rights, claims, actions, and causes of action, which may accrue to me, my child, the members of my immediate family, our respective heirs, successors, and assigns for any and all damages of any kind whatsoever, including personal injuries, wrongful death, emotional or mental distress, punitive or exemplary damages, pecuniary loss or damage of any kind, or property damage which may be sustained by or accrue to any or each of us arising from or in any way connected to the participation by:

(Child's Name)

in the activity described in this application, or in any activity reasonably related thereto, including but not limited to travel to and from such activity even if due to the negligence or fault of the parties herein released or the defective condition of the property and/or equipment used. I further agree, for myself, and all those enumerated above, to defend, indemnify, and save harmless, K.C.C., K.P.P.C.S.D, KASEP and their respective officers, directors, agents, servants, employees, contractors and subcontractors, representatives, successors, and assigns from any such claims, actions, and causes of action, and any and all damages flowing therefrom.

I have carefully read this agreement, including the foregoing liability waiver, and I fully understand the contents and meaning of each. I acknowledge that I fully understand that I am forever giving up, in advance, any right to sue or make claims against the parties that I am releasing for injuries or damages that my child may sustain while participating in the class, even if caused in whole or in part by the negligence or other fault of the parties or persons I am hereby releasing, by the dangerous or defective condition of any property or equipment owned, maintained or controlled by them, and/or because of their liability without fault. I nonetheless am willing, of my own free will, to sign this waiver of liability because I want my child to be a participant.

I also acknowledge I have read, understand and fully waive the provisions of California Civil Code Section 1542 which is quoted here: "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

I hereby give consent to the participation in interviews, the use of quotes, and the taking of photographs, movies, and/or video recording of the student named above while participating in classes and activities sponsored by the Kensington Community Council. I also grant to the Kensington Community Council the right to edit, use, and reuse said products for nonprofit purposes including use in print, on the internet, and all other forms of media. I also hereby release the Kensington Community Council and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signed _____ Date _____
Parent or Guardian

Health Information for KASEP Students

In case of an emergency, KASEP needs to know any medications your child is taking, and any medical conditions or allergies they might have. Please provide that information in the space below:

Child's name: _____

Best telephone number for reaching parent in an emergency: _____

Medications your child is taking: _____

Medical conditions or allergies: _____

Detailed description of symptoms to look for and monitor, and specific instructions about what an instructor or staff member should do when a symptom is observed. Use back of page if necessary:

My child, _____,
has permission to take part in all KASEP activities; any restrictions are stated here:

Date: _____ Signature (Parent/Guardian) _____

Administration of Prescribed Medication for Student: I hereby request that authorized personnel assist this pupil in taking the medication indicated in the manner and dosage prescribed by my child's physician.

Parent or Guardian's signature: _____ Date: _____

Name of parent or guardian (please print): _____