



City of Healdsburg Community Services Department Healdsburg School - After School Academy Information & Release Form

The Healdsburg School – After School Academy (ASA) 2018-2019 SY

Child's First Name _____ Last Name _____

Date of Birth ___ / ___ / ___ Age _____ Grade _____ Teacher _____

Address _____ City _____ Zip _____

Parents or Guardian's name (s) _____

Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

Preferred Phone Number for reaching parent/guardian during ASA hours: Home

Work Cell Person(s) authorized to pick

Name _____ Relationship _____ Phone# _____

up your child, other than parents/guardian: (Person must show picture I.D.)

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

Emergency Contact: (Other than parent/guardian)

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

Will your child be participating in any extracurricular activities they will be leaving the ASA to attend? _____

Which activities/clubs/events are we authorized to release your child to attend? _____



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Please fill out Medical Information and Release on backside



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Medical Information

Does your child have any medical conditions or take any medication?

Yes

No Does your child have any allergies? Yes No

If yes, please explain:

Doctor/Clinic: _____ Phone# _____

Parent/Guardian Signature _____ **Date** _____

Please read the Participant Release Form and sign below agreeing to waiver:

The City of Healdsburg Parks and Recreation Department staff reserves the right to photograph facilities, activities and program participants for potential future use. All photos will remain the property of the City of Healdsburg.

In consideration of the acceptance of my application for entry into the event named above and on the reverse I, the undersigned participant (if 18 years of age or older), or parent or guardian of above named participant in the City of Healdsburg community services program(s), hereby agree that the named participant be allowed to participate in the activity(ies), class(es), or event(s) described on this registration form and in the program brochure. I have been informed of the risks involved in such participation, including, but not limited to, temporary and/ or permanent injury to the property, person, and/or death because or on account of such participation. On behalf of myself and the above named participant, I hereby waive any and all claims for damages of any kind whatsoever against the City of Healdsburg, its officers, employees, contract instructors and community organizations co-sponsoring programs, arising out of or incidental to participation in any of the above-named activity(ies), class(es), or event(s). I further understand that accidents and injuries can arise out of the event; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I further authorize qualified physicians to render emergency medical treatment or care if they deem necessary for the participant because of illness or accident which occurs during the course of any of the above-described activity(ies), class(es), or