

Discover Zone Site:

Program Yr:

### DISCOVER ZONE After School/Summer Program

**Participant Information**

Child's Last Name	Child's First Name	Gender	Age	Date of Birth
Child's Address	City	State	Zip	Home Phone
Child's School	Grade	Additional Programs Child May Concurrently Attend( Sports, Theater, etc.):		

**Medical Information**

Is your child under a physiciain's care/treatment or taking medications on a regular basis? **YES NO** Please list medication(s) and what they are for: \_\_\_\_\_

Please list any side effects: \_\_\_\_\_

Does your child have an identified medical, personal, or special care needs (developmental, physical, emotional, or learning)? **YES NO**

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

**Parent/Guardian Information**

Primary Guardian's Name	Home Phone	Work Phone	Cell Phone
Home Address	City	State	Zip
Secondary Guardian's Name	Home Phone	Work Phone	Cell Phone
Home Address (if different)	City	State	Zip
Person or Agency w/Legal Custody of Child if Different from Above	Home Phone	Work Phone	Cell Phone
Home Address	City	State	Zip

**Emergency Information (please list 3 adults other than parent/guardian)**

Name	Relationship	Work Phone	Home Phone	Cell Phone
Home Address	City	State	Zip	
Name	Relationship	Work Phone	Home Phone	Cell Phone
Home Address	City	State	Zip	
Name	Relationship	Work Phone	Home Phone	Cell Phone
Home Address	City	State	Zip	

**My signature confirms that the above information is accurate; that I have read and understand this form in its entirety; and that I give permission for my child to participate in the Discover Zone after school program.**

Signature of Parent/Guardian: \_\_\_\_\_

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

**Emergency Medical Release (please initial)**

\_\_\_ In the event of injury or serious illness, I give permission for Discover Zone staff to obtain medical treatment for my child, I understand that if my child needs to be transported to an emergency facility, that decision will be made by the emergency team responding to the call.

\_\_\_ In the event of injury or serious illness, I DO NOT give permission for Discover Zone staff to obtain medical treatment for my child. Instead, I instruct Discover Zone staff to: \_\_\_\_\_.

**Photographic Release (please initial)**

\_\_\_ I give permission to Discover Zone staff to use photographs and videos of my child for publicity in order to increase community awareness of Discover Zone programs and in any and all publications and other media without limitations.

\_\_\_ I DO NOT give permission to Discover Zone staff to use photographs and videos of my child for publicity in order to increase community awareness of Discover Zone programs and in any and all publication and other media without limitations.

**Liability Release**

\_\_\_ By initialing here, I absolve Discover Zone of any responsibility for any accident or injury to my child or caused by my child to others where neglect is not involved. Furthermore, I understand that Discover Zone can only be responsible for my child during days and times that he/she has been checked in and that Discover Zone will not be responsible for my child when he/she has been dismissed from any Discover Zone activity.

**Please initial each statement indicating you have read and understand the following statement:**

\_\_\_ There is no Discover Zone on early outs or school vacations

\_\_\_ Movies viewed in Discover Zone will be limited to G and PG ratings.

\_\_\_ To ensure the health and safety of staff & children, if a child leaves school sick or does not attend school due to illness he/she may not attend any Discover Zone activity that day. Additionally, if a child becomes ill during the program, the parent/emergency contacts will be notified to come and pick up the child from the program (within 30 mins.)

\_\_\_ Zero Tolerance Policy: Discover Zone does not permit the use of tobacco products, alcohol, or drugs.

\_\_\_ The use or threat of use of weapons is prohibited. Theft, violent behavior, or destruction of property will result in immediate dismissal from the program. Parents will be expected to provide immediate transportation from the program in the event of dismissal.

**My signature confirms that the above information is accurate; that the guidelines and procedures of the program(s) my child is registered for will be adhered to; and I understand it is my responsibility to keep the above information current.**

Signature of Parent/Guardian: \_\_\_\_\_

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

**Please return completed form to Discover Zone at your school when completed. Thank You.**