



Coulter Grove Adventure Club Enrollment Form 2023/24

2025 Sevierville RD Maryville, TN 37804
Patricia Jones, Director

Student's Full Legal Name: _____

Grade: _____ Nickname: _____ Birth Date: _____ Gender: _____ Teacher: _____

Address: _____
Street City/State/Zip

Start Date: _____ Status: Full Time Part Time Drop In (School Year Only) (Circle) M T W R F

Is there a court order that restricts either parent from contact with your student or access to student records? Yes No
If such a court order exists, it is the Parent's/Guardian's responsibility to provide a copy of this court order to the school. It must be on file in the school's office and with Adventure Club to act on any restrictions.

Parents/Guardians: Legal Custody: Both Parents Mother Father Other; Explain: _____
Contact #1: _____ Contact #2: _____
Relationship to Student: _____ Relationship to Student: _____
Address: _____ Address: _____
Mobile Phone: _____ Mobile Phone: _____
Home Phone: _____ Home Phone: _____
Work Phone: _____ Work Phone: _____
Work Hours: _____ Employer: _____ Work Hours: _____ Employer: _____
E-Mail: _____ E-Mail: _____

Emergency Contact When Parent/Guardian Cannot Be Reached: (Do not include persons listed as Parents/Guardians.) I authorize Adventure Club to release my child to the following persons. Valid Driver's License Required

	Phone:	Relationship
1st:	_____	_____
2nd:	_____	_____
3rd:	_____	_____
4th:	_____	_____

EMERGENCY MEDICAL

Verification:

In case of illness or injury of my child, I understand the program will attempt to contact parents or guardians first. Then they will contact other persons I have listed who are authorized to make certain medical decisions and have my child released to their custody. If no one is available, Adventure Club is authorized to make whatever arrangements are deemed necessary to maintain my child's health including, but not limited to, emergency medical treatment.

In Case of Emergency Notify: These people should live or work in the vicinity of the school during the hours of Adventure Club's operation. These people need to be authorized to act on behalf of the parent or guardian in case of an emergency.

Do not list parents or guardians. DO NOT LEAVE THESE BLANK.

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Phone: _____	Phone: _____

Maryville City Adventure Club Staff, Maryville City Schools, and Maryville City School's staff shall be released from any claim arising from the doctor's and/or emergency medical personnel's actions. All medical expenses shall be the parent's and/or guardian's responsibility

For Office Use Only

NAME: _____

ADMISSION DATE: _____

STATUS: FT PT DI

Reg. Fee Payment: _____

Restrictions: Yes No

GRADE: _____

TEACHER: _____

Health Information:

Physician's Name _____ Phone _____

Hospital Preference: _____ Emergency Medication Required? Yes No

If Yes: Condition: _____

Benadryl Epi-Pen Inhaler Insulin Other: _____

Emergency Benadryl Authorization:

I give the Adventure Club Staff permission to administer Benadryl during an emergency medical situation if there is a suspected allergy situation. Yes No

Emergency Tylenol/Motrin Authorization:

I give the Adventure Club Staff permission to administer Tylenol/Motrin for a fever above 102 while waiting on parent/guardian pick up. Yes No

Has your child had or does your child have any of the following ?

- Attention Deficit/Hyperactive Disorder Yes No
- Mental/Emotional Problems Yes No
- Behavior Problems Yes No
- Physical Limitations Yes No
- Seizure Disorder Yes No
- Dental Problems Yes No
- Speech Problems Yes No
- Hearing Problems Yes No
- Vision Problems Yes No
- Wears Glasses/Contacts Yes No
- Fears./ Anxiety Yes No
- Food Allergies Yes No
- Other Yes No

Please explain yes answers here:

Health History Informed Consent

Permission is given for Adventure Club staff to take precautions and procedures to protect your child. This is an informed consent to share this health history information with Adventure Club and school staff on a need-to-know basis for emergency plans.

Child's proof of state required immunizations on file with the school. Yes No

Special Services:

Does your student have an IEP for special education services or a 504 accommodation plan? IEP 504

Date Identified: _____

Has your student participated in supplementary education programs such as extra help with reading, math and/or language arts? If yes, which subject(s)? Reading Math Language Arts Please describe: _____

PG Movie Permission

I give my child permission to watch P.G. family movies while attending the Adventure Club Program. I understand all movies will be pre-screened by the director before being viewed by the children. Yes No

Pre-Enrollment Visit

I understand the Adventure Club Program is open and available to visit prior to enrolling my child. Yes No

Sunscreen

I give Adventure Club Staff permission to apply sunscreen as necessary. Yes No

Swim Ability Swimmer Non-Swimmer Boards - Yes No

I understand that if I choose non-swimmer that I must provide a Coast Guard Approved Life jacket for my student.

PARENT CONTRACT FOR ADVENTURE CLUB

In consideration of allowing my child to participate in my school's Adventure Club, I, the parent/guardian of _____, hereby agree to be bound as follows:

1. My child's immunizations will be up-to-date and on file in my child's school.
2. My registration form will be updated when any changes in emergency or family information occurs.
3. I will pay the weekly or daily rate for the number of days registered each week whether my child attends or not, subject only to the rules of the Adventure Club Handbook relating to illnesses.
4. My child's balance must be paid in full each Monday. A five dollar (\$5.00) late charge will be applied if my payment is not received by Wednesday of the week due. Additional five dollar (\$5.00) per week late fees will be added each week my payment is late. After the account is two (2) weeks past due, in the discretion of the Adventure Club, my child will not be allowed to continue in the Adventure Club Program unless other arrangements have been made with the Director.
5. I certify that my child does not owe a balance at any City of Maryville Adventure Club Program at the time of this contract.
6. I additionally understand that any late accounts are subject to collection by the City of Maryville Schools. If the City of Maryville Schools pursues collection of the amounts due and owing based on my child(ren)'s participation in Adventure Club, I agree to pay the City of Maryville Schools' reasonable attorney fees and court costs in such collection efforts. The fact that my child may not have been removed from the program when the account is two (2) weeks past due would not relieve me of any financial responsibilities to Adventure Club for services received, late fees, or other fees accrued.
7. If I choose to change my child's status or to withdraw my child from Adventure Club, a written two (2) week notice and two (2) week payment is required.
8. I understand that all days reserved in the summer must be paid and that the two (2) week change of status and withdrawal notice does not apply to the summer camp program.
9. I agree to pay for all field trips that I have signed my child up to attend whether they attend or not.
10. I have received information on the prevention, detection, and reporting of child abuse.
11. I have received a copy of the Department of Education Guideline Summary.
12. I have received, read, and agreed to abide by the Adventure Club Handbook.
13. I understand that this is a binding contract and not abiding by the policies set forth in this contract and the Adventure Club Handbook will cause termination of my child's participation in Adventure Club.
14. Student Privacy is protected by FERPA This Act, as amended, established the requirements governing the privacy of student educational records in regards to the release of those records and access to those records.
15. I verify that the information provided on this form is accurate and current. Submitting false statements or information could result in expulsion from the Adventure Club Program.

Child's' Name: _____

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

(Both parents must sign in joint custody situations)

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

(Both parents must sign in joint custody situations)

Director Signature: _____ Date: ____ / ____ / ____