

**After 3:22**  
**After School Program**  
**Registration**

**Student's Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

**DOB (mm/dd/yy):** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Ethnicity** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Preferred Contact #** \_\_\_\_\_ (cell/home) **Other #** \_\_\_\_\_ (cell/home)  
Circle one Circle one

**Work Phone:** \_\_\_\_\_ **Employer (Optional)** \_\_\_\_\_

**Second Parent/Guardian's Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Preferred Contact #** \_\_\_\_\_ (cell/home) **Other #** \_\_\_\_\_ (cell/home)  
Circle one Circle one

**Work Phone:** \_\_\_\_\_ **Employer (Optional)** \_\_\_\_\_

**Local emergency contact OTHER than parent/guardian:**

**Name** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship to student** \_\_\_\_\_

**Persons authorized to pick up Student:**

**Name** \_\_\_\_\_ **Relationship to student** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship to student** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship to student** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Waiver:** I, the parent/guardian of the participant, hereby give approval for my child to participate in **After 3:22** and assume all risks and hazards incidental to the conduct of the activity. I hereby release, absolve, indemnify, and hold harmless the Whitefish Foursquare Church, the organizers, sponsors, supervisors, employees, representatives, and, or all of them, for any injuries my child may sustain as a participant in **After 3:22**.

**I HAVE READ AND UNDERSTAND THE POLICIES WRITTEN IN THE PARENT PACKET**

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_

**Medical Information:**

Special needs, allergies, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Primary Physician:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

I hereby authorize the staff of **After 3:22**, volunteers and drivers as my agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment and/or care at any hospital or by licensed medical personnel.

Staff will NOT medicate children. Parents/guardians are ENTIRELY responsible for medications and for personally arranging for or insuring the proper and timely medicating of their child.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Preferred Contact #** \_\_\_\_\_