

# RE-ENROLLING STUDENT APPLICATION 2017-2018

## Registration Application

Child's School: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Gender: M F

Health Concerns: Yes \_\_\_\_\_ No

Academic Concerns: Yes \_\_\_\_\_ No

Media Release: Yes \_\_\_\_\_ No

If everything is the same, check the box. If there are changes, write the changes on the line.

My address is the same:  \_\_\_\_\_

My phone numbers are the same:  \_\_\_\_\_

The emergency contacts and pick up list are the same:  \_\_\_\_\_

My pickup codes will remain the same:  \_\_\_\_\_

My form of payment will remain the same:

Signature: \_\_\_\_\_

Print: \_\_\_\_\_



## Scheduling

Before school: \_\_\_\_\_ After school: \_\_\_\_\_ Before & After school: \_\_\_\_\_

Drop-In Before school: \_\_\_\_\_ Drop-In After school: \_\_\_\_\_

**Days Before school is Needed:** Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

**Days After school is Needed:** Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_



POLITE PIGGY'S DAY CAMP

Before, After School, & Camp Day Activity Permission Form

Location	All on site activities, special classes, playground and local points of interest (neighborhood walks, field trips, etc.)
Cost	Included in weekly rate, unless otherwise stated
Transportation	Walking, Charter bus, Metro bus & Metrorail
Notes	Children MUST wear full shoes, no flip flops or Crocs as we will be walking during outdoor activities. Please do not send money or special items from home.

I give permission for my child \_\_\_\_\_ Sibling \_\_\_\_\_

Participate in activities \_\_\_\_\_ On school grounds & other points of interest \_\_\_\_\_ on \_\_\_\_\_ Throughout his/her care with Polite Piggy's \_\_\_\_\_

Should it be necessary for my child/me (as a chaperone) to have medical treatment while participating in an activity, I hereby give Polite Piggy's Day Camp personnel permission to use their judgment in obtaining medical services, and I give permission to the physician selected to render medical treatment deemed necessary and appropriate by the physician. I understand that Polite Piggy's Day Camp has no insurance covering medical or hospital costs incurred and, therefore, any cost incurred for such treatment shall be my sole responsibility.

All persons attending this trip and/or participating in Polite Piggy's Day Camp activities/program and its' components (playground, special classes, etc.) are deemed to have waived all claims against Polite Piggy's Day Camp and its' staff for injury, accident, illness, or death occurring during or by reason of the field trip and/or activities, program and its' components.

I have read and agree to the foregoing statement and agree to assume the responsibility stated and waive all claims against Polite Piggy's.

I expressly agree that this consent is intended to be as broad and inclusive a release of liability as permitted by applicable law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I hereby warrant and represent that I am 18 years old or older; I have carefully read this consent and agree to its terms and conditions, that before signing this agreement I had the chance to ask questions; and I am aware that by signing this consent, I assume all risks and waive and release certain substantial rights that I and Participant may have or possess against Polite Piggy's. I have fully read the above permissions and releases, understand them, and I expressly agree to them. I hereby certify that there are no contraindications to the Participant's participation in the Polite Piggy's program. I am the parent or legal guardian of the participant.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# Polite Piggy's Day Camp

## PHOTO, PRESS, AUDIO, AND ELECTRONIC MEDIA RELEASE FOR MINORS

NAME OF PARTICIPANT \_\_\_\_\_

NAME OF PARENT/ GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

### Giving Consent

I, Parent/Guardian of \_\_\_\_\_, do hereby consent that the photographs and/or motion picture or videotape for which he/she posed, and/or audio recordings made of his/her voice may be used by Polite Piggy's Day Camp, its assignees or successors, in whatever way they desire, including television and electronic media.

Furthermore, I hereby consent that such photographs, films, recordings, plates and tapes are the property of Polite Piggy's Day Camp, and they shall have the right to sell, duplicate, reproduce, and make other uses of such photographs, film, recordings, plates and tapes as they may desire free and clear of any claim whatsoever on my part.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent or Guardian)

OR

### Refusing Consent

I, Parent/Guardian of \_\_\_\_\_, do not hereby consent that the photographs and/or motion picture or videotape for which he/she posed, and/or audio recordings made of his/her voice may be used by Polite Piggy's Day Camp, its assignees or successors, in whatever way they desire, including television and electronic media.

Furthermore, I hereby DO NOT consent that such photographs, films, recordings, plates and tapes are the property of Polite Piggy's Day Camp, and they shall have the right to sell, duplicate, reproduce, and make other uses of such photographs, film, recordings, plates and tapes as they may desire free and clear of any claim whatsoever on my part.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**Polite Piggy's Contact and Medical Information for a Child**

Child's Name	Date of Birth & Grade	Sex
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**Medical Information**

Hospital/Clinic Preference

Physician's Name	Phone Number
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Insurance Company	Policy Number
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List Allergies/Special Health Considerations Ex. Asthma, peanut and berry allergies, milk allergy, etc.

I give my child/child I am guardian of, permission to participate in the Polite Piggy's Program. I authorize Polite Piggy's and medical staff to use their best judgment in allowing my child to receive emergency medical or surgical treatment if necessary. I understand that every effort will be made to contact me prior to such action.

*It is imperative that your child be in good health when arriving to the program. The duties of Polite Piggy's and the medical staff can not include providing medical care for participants arriving with a pre-existing medical condition (except administration of asthma pumps and EpiPens when the child is in need).*

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

I hereby:

1. certify to the best of my knowledge, the medical information is complete and correct.
2. agree to assume all risk of personal injury arising from participation in this program, understanding that the sports/activities my child does involve potential for injury, and possibly even death.
3. agree not to hold Polite Piggy's responsible for any injury sustained during the program.
4. agree not to bring suit against Polite Piggy's or Polite Piggy's staff for any injury sustained.
5. agree to allow the Polite Piggy's directors and medical staff to use sound judgment in obtaining necessary medical care, at the expense of the parent.

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