



**PERMISSION TO PARTICIPATE IN AFTER SCHOOL PROGRAM ACTIVITIES
EVEREST ACADEMY OF LEMONT, INC.**

DEADLINE IS FRIDAY, SEPTEMBER 1ST

1. **CHILD'S NAME:** _____
One child per form, please.

CHILD'S GRADE: _____ **CHILD'S BIRTHDATE:** ____/____/____

NOTE: Each child needs a separate enrollment form.

Program Name	Day of the Week Offered	Fee	Check # or Paid Online	Cash

- REQUIREMENTS:** The child named above is in good health and has no physical or medical limitations that would cause the activities as described above to be detrimental or dangerous to the child. Parents/guardians should specify allergies and medical problems in section 6 below.
- CONSENT:** I/We hereby consent to the above-named child's participation in the activities described above, and specifically request that he be allowed to participate in those activities. I/We warrant that I/We have full authority to legally consent to his participation in the activities described on this form, and all provisions contained herein.
- AUTHORIZATION.** I/We hereby authorize Everest Academy of Lemont, Inc. to use the image and likeness of my/our child in photograph or video form whether taken by or commissioned by Everest Academy of Lemont, Inc. in its promotional materials and for its promotional purposes associated with its nonprofit activities. This authorization shall extend to use of my/our child's image and likeness on the website of Everest Academy of Lemont, Inc. or its successor in operation or affiliated organization(s) upon written consent of Everest Academy of Lemont Inc. I/We understand that this authorization shall survive until the end of my/our child's participation in the activities referenced on this form.
- INSURANCE:** I/We understand that Everest Academy of Lemont, Inc. does not carry any health insurance relative to the activities or for any injury that may occur to the above-named child. I/We represent that the child is (a) covered by insurance through my/our own insurance carrier; or (b) that I/We am/are personally financially responsible for any and all medical costs incurred as a result of the child's injury.
- EMERGENCIES:** If the above-named child requires any emergency medical procedures or treatments during the activities, I/We consent to the activity supervisor(s) taking, arranging for or consenting to such procedures or treatments in the discretion of the activity supervisor(s). For purposes of such procedures and treatments, my/our child's blood type, allergies or other medical problems (if any) are listed below:

Allergies/Medical Problems: _____

- EMERGENCY CONTACTS:** If, in the event of a medical or other emergency, I/We am/are unable to be reached by telephone at the numbers listed below, I/We authorize the activity supervisor(s) to attempt to contact me/us through the alternative emergency contacts listed below.

OVER PLEASE

EVEREST AFTER SCHOOL ACTIVITIES REGISTRATION FORM (continued)

Parents/Guardians Contact Information

Name: _____ Home Phone: _____ Alternate Phone: _____

Name: _____ Home Phone: _____ Alternate Phone: _____

Alternative Emergency Contact Information

Name: _____ Relation: _____

Home Phone: _____ Alternate Phone: _____

Name: _____ Relation: _____

Home Phone: _____ Alternate Phone: _____

- 8. **RELEASE AND INDEMNIFICATION:** I/We release and waive, and further agree to indemnify, hold harmless or reimburse Everest Academy of Lemont, Inc., the individual members, agents, directors, officers, employees, volunteers and representatives thereof, as well as activity supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the above-named child, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses (including attorney's fees incurred by Everest Academy of Lemont, Inc. or any of its individual employees, agents, volunteers, etc. in enforcing this indemnity provision) without limitation in time or amount, damages or injuries arising out of, during, or in connection with my/our child's participation in the activities, the travel to and there from, and the rendering of emergency medical procedures or treatment, if any. I/We understand that this release and indemnification shall survive until the end of my/our participation in the activities references on this form.

I/We have read and understand the above and agree to all terms and conditions contained therein.

Parent/Guardian Name

Parent/Guardian Name

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date

FOR OFFICE USE ONLY

Date Rec'd: _____ Activity _____ Amount \$ _____ Cash Check # _____ Online

Date Rec'd: _____ Activity _____ Amount \$ _____ Cash Check # _____ Online

Date Rec'd: _____ Activity _____ Amount \$ _____ Cash Check # _____ Online

Date Rec'd: _____ Activity _____ Amount \$ _____ Cash Check # _____ Online