



**PERMISSION TO PARTICIPATE IN EXTENDED SCHOOL CARE PROGRAM
EVEREST ACADEMY OF LEMONT, INC. FOR FY17-18 SCHOOL YEAR.**

- 1. CHILD'S NAME:** _____ **GRADE** _____ **CHILD'S BIRTHDATE:** ____/____/____
- 2. REQUIREMENTS:** The child named above is in good health and has no physical or medical limitations that would cause the Extended School Care program to be detrimental or dangerous to the child. Parents/guardians should specify allergies and medical problems in section 6 below.
- 3. CONSENT:** I/We hereby consent to the above-named child's participation in the Extended School Care program described above, and specifically request that he/she be allowed to participate in the activities of the program. I/We warrant that I/We have full authority to legally consent to his/her participation in the program and all provisions contained herein.
- 4. INSURANCE:** I/We understand that Everest Academy of Lemont, Inc. does not carry any health insurance relative to this program 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.
- 5. EMERGENCIES:** If the above-named child requires any emergency medical procedures or treatments during the activities, I/We consent to the program supervisor taking, arranging for or consenting to such procedures or treatments in the discretion of the program 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:

Blood Type: _____ Allergies/Medical Problems: _____

- 6. 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 program supervisor(s) to attempt to contact me/us through the alternative emergency contacts listed below.

Parents/Guardians Contact Information:

Name: _____ Home Phone: _____ Alternate Phone: _____
Name: _____ Home Phone: _____ Alternate Phone: _____

Alternative Emergency Contact Information

(1) Name: _____ Relation: _____
Home Phone: _____ Alternate Phone: _____
(2) Name: _____ Relation: _____
Home Phone: _____ Alternate Phone: _____
(3) Name: _____ Relation: _____
Home Phone: _____ Alternate Phone: _____



7. 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/program 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 from, and the rendering of emergency medical procedures or treatment, if any.** I/We understand that this release and indemnification shall survive 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.

Dated: _____

Parent/Guardian Name

Parent/Guardian Name

Parent /Guardian Signature

Parent/Guardian Signature