

Crash Zone: After School Center Registration

Student's Full Name: _____	School: _____	Grade: _____
Address: _____	City: _____	Zip: _____
Home Phone: _____	Minor's Cell: _____	Date of Birth: _____
Insurance Carrier: _____	Name of Insured: _____	
Group#: _____	ID#: _____	
Medical Problems, Allergies, Special Needs: _____		

Mother or Legal Guardian's Name: _____		
Home Phone #: _____	Cell Phone #: _____	Email: _____

Father or Legal Guardian's Name: _____		
Home Phone #: _____	Cell Phone #: _____	Email: _____

Persons to be contacted in case of emergency/list of other people my child can be released to:				
1. Name _____	Relationship: _____	Phone _____	Emergency <input type="checkbox"/>	Release <input type="checkbox"/>
2. Name _____	Relationship: _____	Phone _____	<input type="checkbox"/>	<input type="checkbox"/>

Attendance Procedures: Please indicate the days your child will be attending. Tues. <input type="checkbox"/> Weds. <input type="checkbox"/> Thurs. <input type="checkbox"/> Drop-In. <input type="checkbox"/> <ul style="list-style-type: none">• For Drop-Ins we must receive an email by noon of the drop-in day. Please email Matt Hall, Youth Director, at matt@wvpc.org.• If your child does not show up by 3:15PM for Hyde students and 3:45 for Miller Students you will receive a phone call.
Dismissal Procedures: <ul style="list-style-type: none">• Our program ends promptly at 5:30 PM.• Children may be released to a parent or adult listed above at any time.• If your child will be walking or biking please state the time they are to be dismissed and sign below .• E-mail to matt@wvpc.org by noon to modify this dismissal plan.
My child can be released at _____ time to walk or bike home.
Signed: _____ Date: _____

I give permission for my child to participate in the Crash Zone After School Homework Program at West Valley Presbyterian Church (WVPC). I agree that any photographs/video taken of my child at or during this event are the property of WVPC and may be used in future publications as deemed appropriate.

The undersigned gives releases West Valley Presbyterian Church, its officers, employees, and agents from any liability whatsoever for any injury or death to person or loss or damage to property sustained by the undersigned for any member of his family, in attendance, and the undersigned agrees to defend and indemnify West Valley Presbyterian Church, its officers, employees, and agents from any liability or loss they might sustain by reason thereof.

In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the director of youth ministry to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named above.

Signed: _____ Date: _____