



## Westbrook Community Center Children's Programming

### Enrollment Form 2016

Dear Parents/Guardians: Please fill out the following information and return this form to the Westbrook Community Center main office at the time of registration. This enrollment form is required to register for and participate in the Westbrook Community Center LEARNS program. Thank you!

Participant's Name: \_\_\_\_\_ Grade **2016-2017** school year: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ School: \_\_\_\_\_

Home Address: \_\_\_\_\_ City & Zip code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City & Zip code: \_\_\_\_\_

#### Parent/Guardian #1:

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Parent/Guardian #2:

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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#### Adults approved to pick-up child (must have valid Photo ID)

Parent/Guardian #1: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

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#### In case of emergency and the parent or guardian cannot be reached, please notify:

Name: \_\_\_\_\_ Relationship to Family: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Health/Medical Information:** For the safety and best care of your child, please check below for any of the following that apply to your child, and provide as many details as possible.

My child cannot swim

Medications: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Recent Injuries: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Asthma: \_\_\_\_\_

Other Conditions or Diagnoses: \_\_\_\_\_

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**Waivers and Permissions:**

**Emergency Treatment**

I authorize the Westbrook Community Center child programming staff to arrange for transportation in case of accident or acute illness of the participant. In the event it is not possible to receive instruction for the participant's care, consent is given to any licensed physician for treatment. I allow the physician to administer medication and to perform necessary treatment for the preservation of the participant's health and well-being. I understand that any cost incurred for treatment of sudden illness or accident shall be paid by me.

Initial: X \_\_\_\_\_

**Information Sharing**

I authorize the Westbrook Community Center child programming staff to share information with the Westbrook School Department and Westbrook Children's Project, and Maine DOE. All information that will be shared will be kept confidential. Any public information will be reported aggregately.

Initial: X \_\_\_\_\_

**Release of Liability**

I hereby assume full responsibility for any risk of bodily injury, death, and/or property damage while using the premises or any facilities or equipment hereon. I understand that this program includes physical activity and I also understand that any program or sport that includes such activities carries with it an inherent risk of physical injury. I further agree to hold harmless the Westbrook Community Center, it's partners, directors, officers, employees, agents, and volunteers from any and all claims that may result from injury or death, accident or otherwise, during or arising in any way from said activity. I acknowledge that this General Release of Liability of the Westbrook Community Center and its partners is binding on me and my heirs, personal representatives and successors.

Initial: X \_\_\_\_\_

**Media Release**

I understand that my child may be photographed or videotaped by Westbrook Community Center child programming staff. The Westbrook Community Center may use this media for promotional uses for the Westbrook Community Center or other partner organizations that contribute funding. **If you prefer your child not to be photographed or recorded, please ask for the Media Release Opt Out Form.**

Initial: X \_\_\_\_\_

**X** Signature Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**If your child receives Child Care Subsidy please fill in below**

Case Worker Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Agency: \_\_\_\_\_