



After School Program  
(ASP) Registration

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_ T-Shirt Size(S,M,L) \_\_\_\_\_

(1<sup>st</sup>) Parent's Name \_\_\_\_\_ Cellular \_\_\_\_\_

Email Address \_\_\_\_\_ DOB \_\_\_\_\_

(2<sup>nd</sup>) Parent's Name \_\_\_\_\_ Cellular \_\_\_\_\_

Email Address \_\_\_\_\_ DOB \_\_\_\_\_

Mailing Address \_\_\_\_\_

***In Case of Emergency Contact*** (other than parents) \_\_\_\_\_

***Relationship to Child*** \_\_\_\_\_ ***Cellular*** \_\_\_\_\_

Child's Allergies/Medical Conditions \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Telephone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Insurance Company & Policy Number \_\_\_\_\_

If you wish to authorize an individual other than a parent to pick up your child, please list them below:

☺ Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

☺ Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

☺ Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

### WAIVER AND RELEASE

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither the parent, the child's doctor nor other specified person can be contacted immediately.

Furthermore, I do hereby and forever discharge the participants, instructors and administrators of the Town of Emerald Isle and the Emerald Isle Parks & Recreation Department of any and all actions, claims and demands for or by reason of any damage, loss or injury which hereafter may be sustained.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_