

JOIN THE FUN AT THE SPORTPLEX!

ALEXANDER CITY PARKS AND  
RECREATION'S  
AFTERSCHOOL PROGRAM  
ROCKS!!!

PROGRAM IS ACTIVE DURING  
SCHOOL SESSIONS  
TRANSPORTATION IS PROVIDED  
BY CITY SCHOOL BUSES FROM  
THE SCHOOLS

- OUTDOOR EDUCATION
- SPORTS AND GAMES
- MUSIC AND DANCE
- PAINTING AND CRAFTS
- SWIMMING

OPEN UNTIL 5:30  
FEE: \$25/WEEK OR \$7/DAY  
329-6736 EXT. 27

**Project After School  
Alexander City Parks and Recreation  
Registration Form 2003**

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Parents or Caregiver: \_\_\_\_\_

Telephone: Home: Mother \_\_\_\_\_ ; Father \_\_\_\_\_

Work: Mother \_\_\_\_\_ ; Father \_\_\_\_\_

Cell: Mother \_\_\_\_\_ ; Father \_\_\_\_\_

Email: Mother \_\_\_\_\_ ; Father \_\_\_\_\_

Other Contact: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Cell: \_\_\_\_\_

In case of an Emergency, contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Insurance Carrier and Policy Number: \_\_\_\_\_

Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please indicate any medical conditions, limitations or restrictions, and regular medications:

\_\_\_\_\_  
\_\_\_\_\_

List the names of those with whom the student may leave the program.

\_\_\_\_\_ Telephone \_\_\_\_\_

Project After School  
Alexander City Parks & Recreation  
Larry Vann, Director

Waiver and Medical Release Agreement

I, \_\_\_\_\_, (Parent or Legal Guardian) do hereby release the City of Alexander City, their employees, successors, agents, attorneys, and all other persons, corporations, or insurance companies liable or who might be claimed to liable, hereinafter referred to as City from any and all claims, demands, injuries, or damages, resulting from any accident which may occur as a result of \_\_\_\_\_ (Student's) participation in the after school program.

\_\_\_\_\_  
Parent or Legal Guardian: Signature

Date: \_\_\_\_\_

In the event of a medical emergency, I \_\_\_\_\_ hereby authorize the Project After School Staff to seek emergency medical treatment for \_\_\_\_\_ (Student).

I hereby grant permission to any hospital, licensed physician, emergency room personnel, registered nurse, or emergency medical technician service to provide treatment for \_\_\_\_\_ (Student) in the event of a medical emergency.

Hospitalization Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Policy: \_\_\_\_\_

I hereby accept financial responsibility for emergency medical Treatment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_