



## After School Program - Trial

### STUDENT INFORMATION:

Name \_\_\_\_\_ Birthdate (mm/dd/yyyy) \_\_\_\_\_ Age \_\_\_\_\_

Gender:  Female  Male MCP # \_\_\_\_\_ Does the student require a booster seat?  Yes  No

School Name \_\_\_\_\_ School Grade \_\_\_\_\_ Trial Dates \_\_\_\_\_ to \_\_\_\_\_

Does the participant have any medical (including food and other allergies), physical, or behavioral concerns that our staff should know about? (CONFIDENTIAL)

### PARENT/GUARDIAN INFORMATION:

1. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Primary Contact # \_\_\_\_\_ Email \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Primary Contact # \_\_\_\_\_ Email \_\_\_\_\_

### PERSONS OTHER THAN PARENTS/GUARDIANS LISTED ABOVE WHO ARE PERMITTED TO PICK THE STUDENT UP FROM MAX:

*Please note that each person other than parents/guardians who are permitted to pick the student up from MAX must be 18 years of age or older.*

1. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

### EMERGENCY CONTACT (other than parents/guardians listed above. Please note that the emergency contact must be 18 years of age or older):

Name \_\_\_\_\_ Primary Contact Number \_\_\_\_\_

1. All of the student's relevant illnesses, medical conditions, disabilities, and/or behavioral concerns have been disclosed to MAX on the registration form.
2. Students will not be able to partake in programs if their MCP number is not on file. You hereby give MAX and its employees the authority to act on your behalf in case of any emergency. If, due to such circumstances as injury or sudden illness, medical treatment is necessary, you authorize MAX to take whatever emergency measures are deemed necessary by MAX for the protection of the student while in the care of MAX. You understand that this may involve calling a physician, interpreting and carrying out his or her instructions, and transporting the student to a hospital, including the possible use of an ambulance. This could also include emergency transportation required as a result of fire or other environmental emergencies. You understand that this may be done prior to contacting you, and that any expense incurred for such treatment, including ambulance fees, is your responsibility.
3. MAX promotes an atmosphere of safety and mutual respect and will not tolerate inappropriate conduct or behavior. Violation of these principles may result in immediate termination of the student's enrollment.
4. In consideration of being allowed to participate in MAX activities and programs and to use MAX facilities, equipment and services, you hereby forever waive, release and discharge MAX and its officers, agents, employees, representatives, executors and all others acting on their behalf from any and all claims or liabilities for injuries or damages to the student's person and/or property, including those caused by the negligent act or omission of any of sparing those mentioned or others acting on their behalf, arising out of or connected with the participation in any activities, programs or services of MAX or the use of any equipment at various sites, including home, provided by and/or recommended by a MAX representative.
5. MAX takes customer privacy seriously. We will not sell, distribute, barter or transfer any personally identifiable information obtained about our students to parties outside of MAX, without the authorized written consent of the student or the parent(s)/guardian(s) if the student is under the age of 18 (except where required by law such as in emergency situations or by legal order). In the normal course of business and for the purpose of advertising, MAX may photograph or video students as they partake in MAX activities. Such photographs or videos may be used by MAX for publicity purposes without the student's name attached unless the student or the parent(s)/guardian(s) if the student is under the age of 18 otherwise advises MAX in writing. No photography or video is permitted to be taken inside any MAX location without the express written consent of MAX.

ACCEPTANCE: By signing below, I acknowledge and agree to the terms and conditions written above and I represent that the information given by me on the registration form is complete and accurate.

### Parent/Guardian:

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_