

PROGRAM REGISTRATION FORM

With WAIVER AND RELEASE OF CLAIMS

PARTICIPANT INFORMATION

First Name _____ Last Name _____ DOB _____

Address _____ City _____ State ____ Zip _____ Home Phone _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian First Name _____ Last Name _____

Email Address _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Mobile Phone _____

I, the Parent/Guardian named above, hereby give permission for the child named above to participate in the RECONNECT RVC Program, including any and all physical, sports, cultural, and academic activities and instruction, as offered in the Program by the District unless otherwise noted below.

PICK UP AND EMERGENCY CONTACT AND AUTHORIZED RELEASE AUTHORIZATION Please list below your emergency contact to be contacted in case of an emergency and allowed to pick up the participant. Authorized individuals must be 16 or older and will be required to show a picture ID. Please print.

Name _____ Relationship to child _____

Home # _____ Work # _____ Mobile # _____

Only the parent/guardian whose signature appears on this registration form may make changes to the form. Any person listed as a parent/guardian on the registration form may add or remove additional person(s) to the authorized pick-up list.

By signing below, and in consideration of my child being permitted to participate in the RECONNECT RVC program, I understand and agree as follows:

- RECONNECT RVC provides limited insurance coverage for participants, and I will be responsible for any and all medical treatment for my child including the cost thereof.
- I will inform RECONNECT RVC of any reasonable accommodations my child needs in order for them to participate in activities. I understand that if the need for accommodations or medical diagnoses change, it is my responsibility to inform RECONNECT RVC.
- In the event of a medical emergency, 911 will be called and every effort will be made to contact parent(s)/guardian(s); I will keep my phone records updated with RECONNECT RVC. If my child has a chronic medical or health condition, I agree that calling 911 is an appropriate response if my child has a medical episode, and I have been informed of staff members who have been

trained to recognize my child's symptoms and call 911 if necessary. I recognize that this type of intervention may be different than the health-related services provided during the school day in the school setting.

- If my child has any allergy that could result in anaphylaxis (example: tree nut or bee allergy) I will provide an Epi-Pen to keep at the program site with a current prescription. If my child has asthma, I will provide an inhaler to keep at the program site with a current prescription. If my child self-carries their epi-pen or inhaler, I understand that a self-carry contract must be on file with RECONNECT RVC.
- Unless otherwise noted above, my child has no illness, condition, or impairment that would make it unsafe for him/her to participate in sports or physical activities.
- I understand that the activities offered by RECONNECT RVC, including but not limited to sports, games, and physical activities, can entail inherent risks of injury or death and on behalf of myself and my child I voluntarily assume the risk of such injury or death to my child.
- FOR AND ON BEHALF OF MYSELF AND THE ABOVE-NAMED CHILD, I HEREBY WAIVE ANY AND ALL CLAIMS AND DEMANDS FOR RELIEF ARISING FROM OR IN CONNECTION WITH PERSONAL INJURY OR DEATH RESULTING FROM MY CHILD'S PARTICIPATION IN THE PROGRAM, REGARDLESS OF THE LEGAL OR FACTUAL BASES THEREOF, THAT COULD BE ASSERTED IN ANY FORUM OR MANNER WHATSOEVER, AND EXPRESSLY RELEASE, DISCHARGE, AND

Parent/Guardian Signature: _____

Date: _____