AFTERSCHOOL DAZE 2016-2017 REGISTRATION FORM—DROP IN PROGRAM

PLEASE PRINT

Student Name (Last, First)	**Birthdate**	**Gender**	**Start Date**
School	**Teacher**	**Room**	**Grade in 16-17**
Family Information: Lives With: ____ Father____ Mother____ Stepfather ____ Stepmother____ Other/Please Specify _____			
Father's Name	**Mother's Name**		
Father's Birthdate	**Mother's Birthdate**		
Home Address	**Home Address**		
Cell Phone & Carrier (required to send you text messages)	**Cell Phone & Carrier** (required to send you text messages)		
Work Phone	**Work Phone**		
Home Phone	**Home Phone**		
Father's E-mail Address	**Mother's E-Mail Address**		
Emergency Contact (other than parent) / Relationship	**Phone**		

MEDICAL EMERGENCY TREATMENT CONSENT: As parent/guardian, I hereby consent to treat my minor child for any and all medical procedures deemed necessary as a result of accident or injury or illness. Consent is given for any licensed physician, surgeon, or accredited emergency unit to give medical attention, and to administer such treatment, drugs and medicines (except as noted below), and to perform such surgical procedures as he/she shall think the existing emergency requires. I further understand that the City of Burbank has no medical insurance and that I am responsible for payment of said treatment.

Parent / Guardian Signature: _____ **Date: _____**

SPECIAL HEALTH CONSIDERATIONS OR SPECIAL NEEDS INFORMATION—Please note any information that will help staff effectively supervise your child.

Current medications, known allergies, physical limitations, etc.:

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***Medications cannot be administered in ASD without a completed Medication Release Form on file.**

My child and I understand that he/she must follow all City of Burbank Park, Recreation & Community Services Department and Burbank School District rules while on the playground/park.
Mi hijo y yo comprendemos que él/ella debe seguir todas las reglas del Departamento de Parques y Recreación de Burbank y del distrito de Burbank mientras en el parque o patio.

PARENT CONSENT: I give permission for my child to participate in the City of Burbank Park, Recreation & Community Services Department's Afterschool Daze program, including trips by van, foot, or bus. I agree to hold harmless the City of Burbank, Park and Recreation Department and its employees, officials, and agents from and against any and all liability claims, demands, losses, and/or actions from injury to and/or death of persons and/or damage to property as a result of participation in Afterschool Daze program. I grant the City of Burbank permission to use my or my child(ren)'s photographs and images for the purpose of publicizing and marketing City activities. I understand that no compensation shall be given for use of these photographs and that these images shall become the sole property of the City of Burbank.
CONSENTIMIENTO DE PADRE*: Doy mi consentimiento a mi hijo/hija de participar en el programa con el Departamento de Parques y Recreación de la Ciudad de Burbank, esto incluye excursiones en auto, caminando, o autobús. Yo estoy de acuerdo de no detener culpable la Ciudad de Burbank Departamento de Parques y Recreación y sus empleados, oficiales, agentes de y contra cualquier y todas reclamos de labilidad, demandas, perdidos, y/o acciones de accidentes a y/o muerte de personas y/o daño de propiedad como resultado de participación en el programa Después de Escuela/Parques de Verano. Le doy permiso a la Ciudad de Burbank que use fotos de mi hijo/hijas (s) para el propósito de promover actividades de la Ciudad de Burbank. Yo entiendo que no habrá compensación por el uso de estas fotos y estas fotos serán propiedad de la Ciudad de Burbank.*

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X Signature of Parent/Guardian/*Firma de Padre/Guardian* **Date/Fecha**