



The Sara Marie School

BUSY BEES AFTER SCHOOL PROGRAM

Child's Name: _____ Nickname: _____

D.O.B. ___/___/___ Grade Entering: _____ School: _____

Address: _____ City: _____ Zip: _____

Contact #1 Name: _____ Relationship to student: _____

Phone #: _____ Email: _____

Contact #2 Name: _____ Relationship to student: _____

Phone #: _____ Email: _____

Emergency Information during program hours & authorized people to pick up child

Relationship: _____ Contact 1 #: _____ pick up: Y / N

Relationship: _____ Contact 2 #: _____ pick up: Y / N

Relationship: _____ Contact 3 #: _____ pick up: Y / N

3 Day Program \$100/month \$300/QTR

Mon/Tues/Wed

Tues/Wed/Thu

Wed/Thu/Fri

must be 3 consecutive days

5 Day Program \$160/month \$456/QTR

*****MEDICAL INFORMATION*****

Please note any recent/current illness/injury or existing medical conditions: _____

Allergies? Y / N Explain: _____

Prescription RX?: _____

Enclosed please find my check # _____ in the amount of \$ _____ for after care beginning _____.

I will ensure that my child(ren) will be picked up NO LATER THAN 6:00 PM. If I am unable to arrive by 6:00 PM, I will make arrangements for one of the authorized contacts to pick up my child(ren). I understand that my account will be charged \$5 per child for each 5 minute interval for pick-ups after 6:00 PM. Prior to taking my child(ren) home, I shall notify one of The Sara Marie School staff members and sign my child(ren) out for the day.

PARENT SIGNATURE: _____ DATE: ___/___/___

Consent and Indemnification

I, _____, an individual with a primary address of _____ am the parent/legal guardian of, _____ (the "Participant"). I warrant and affirm that I have both legal authority and capacity to, on behalf of the Participant and any other parent or legal guardian of Participant, to consent to Participant's participation in the program(s) sponsored by The Sara Marie School, Inc. ("TSMS"), a not-for-profit corporation duly organized and validly existing under the laws of the State of New York.

I do hereby expressly consent to Participant's participation in the above noted program(s). I assume, for and on behalf of the Participant, all risks and hazards incidental to such participation. I agree that if Participant suffers any injury while under the care of, or on the premises or facilities of TSMS, TSMS, through its employees or agents, has my express permission to sign consent forms required for any urgent or emergency medical treatment it deems necessary in its reasonable discretion. This consent shall apply to urgent and emergency situations only, and only if the parent/legal guardians listed above are not able to be reached after reasonable efforts to obtain consent using the contact information provided by me.

I recognize the risks, difficulties and challenges involved in the educational, outdoor, summer, recreational, and other programs offered by TSMS and expressly disavow any claims to the contrary. I further, expressly, assert and confirm that my child is sufficiently physically and psychologically fit to participate and has not been advised otherwise by a physician or other health professional. I agree to indemnify and hold harmless TSMS, its officers, directors, trustees, agents, faculty, staff, volunteers and other employees or personnel (collectively the "Indemnitees") from any and all claims, causes of action, or liability for injuries or damages which may arise as a result of participating in this recreation program including its trips and other activities. Such indemnification shall include, but not be limited to, reasonable attorney's fees and the costs and disbursements of any legal actions or proceedings.

I do hereby waive, relinquish, release, discharge, and hold harmless the Indemnitees from any and all liabilities, for any physical or mental injury or aggravation of any pre-existing illness, handicap, and death, loss of enjoyment or consortium, or any other harm or loss of any nature which may be sustained by myself or my child while participating in the recreation program.

The scope of this agreement extends to any actions taken by TSMS, its officers, directors, trustees, agents, faculty, staff, employees, personnel, volunteers, and the instructor of any class or activity in responding to any emergency and/or urgent medical situation or event.

I understand that all refund requests must be in writing and received 12 calendar days prior to start of program and that there will be NO refunds after this time. Further, I acknowledge that there will be a \$25 non-refundable charge on all registrations.

Participants may be photographed while participating in the program and said photographs may be used, as deemed reasonably appropriate by TSMS, for TSMS marketing purposes, including but not limited to, publicizing TSMS programs and activities, use on TSMS website and other internet resources including social media.

IN WITNESS WHEREOF, I have executed the above Consent and Indemnification intending to be legally bound by the provisions therein.

Dated: _____, _____, 2013

Parent/Guardian Name: _____

Relationship: _____

Parent/Guardian Name: _____

Relationship: _____

Dated: _____, _____, 2013

Initials: _____

