



## Creative After School Arts (CASA)



**Student's Full Name** \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

**Parent/Guardian Name #1** \_\_\_\_\_ Home Phone # \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ (circle preferred #)

Email \_\_\_\_\_

**Parent/Guardian Name #2** \_\_\_\_\_ Home Phone # \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ (circle preferred #)

Email \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to student \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to student \_\_\_\_\_



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Student's Full Name \_\_\_\_\_

### Dismissal Information

#### Persons authorized to pick up student

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Student is authorized to: YES / NO **Drive self**      YES / NO **Walk home**      YES / NO **Leave program early**

Do you wish to be notified, if your student is absent from the program? YES / NO

Any other information you would like us to know. \_\_\_\_\_

\_\_\_\_\_

### Health Information (voluntary)

Medical Problems/ Allergies \_\_\_\_\_

Emergency Medication (e.g. Epi-Pen, inhaler?) \_\_\_\_\_

Physician \_\_\_\_\_ Phone# \_\_\_\_\_ Hospital \_\_\_\_\_



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**Student's Full Name** \_\_\_\_\_

I, \_\_\_\_\_, give permission for my student to participate in any and all activities of the RFA Creative Arts After School Program. I understand some activities may be off site and I give permission for transport.

I also give consent for any photographs or videos of my student to be used in any appropriate way that the program may see fit, including RFA publications and on-line publications.

I understand that my student will be involved with other students and adults and that it is possible that accidents, incidents or injuries may occur and/or that property may get lost or damaged. I recognize that my student's age group is subject to riskier behaviors. To the fullest extent permitted by law I assume full responsibility, including financial responsibility, for any and all losses involved in the program activity.

If any emergency medical procedures are required for my student while at the program, I consent to these procedures. I also give my consent to any medical facility to administer any emergency treatment deemed necessary. I understand that 911 will be contacted for emergency medical assistance. I understand there may be charges and I agree to pay for them. I understand that every attempt will be made to contact me or the listed "Emergency Contacts" should my student require medical attention.

**My signature represents that I have read this entire agreement covering assumption of risk, consent and permission, and I understand its terms and that my signature signifies assumption of risk and gives my liability release, consent and permission for my child's full participation in the RFA after school program.**

Signed \_\_\_\_\_

Date \_\_\_\_\_