

**After School Adventures – WINTER 2012
Registration, Parent Approval and Student Waiver Form**

Deadline: Friday, December 23rd, 2011

Student:		Grade/Teacher:	
Student Gender:		Student Date of Birth:	____/____/_____(Month/Day/Year)
Parent(s):			
Address(es):			
Email Address(es):			
Daytime Phone:		Cell Phone:	
Nighttime Phone:		Alt. Phone:	
Emergency Contact:			
Emergency Phone:		Emergency Cell Phone:	
ASA Classes Requested:			

**Please write a separate check for each course and child payable to “Riverfield PTA”.
Single checks for the total will be returned, which will take time and may mean your
child will not make it into the requested class.**

This facilitates bookkeeping and reimbursement to you if your child does not participate in one or more of the selected classes.
Note that any outstanding balances for previous sessions must be paid in full before new registration is accepted.

***Parent participation is vital for all classes. If no date is requested one will be assigned.**

I (we), as parent(s) or guardian(s) of the above-named minor, do hereby, for our son / daughter, myself, my (our) heirs, executors and administrators, remise, release and forever discharge Riverfield School PTA, Inc., the After School Adventures Program, the Fairfield PTA Council, PTA District 4, the Town of Fairfield, the Fairfield Board of Education and the Connecticut Congress of PTA (Connecticut State PTA) and all PTA officers, employees, agents, volunteers and instructors of each of the foregoing, acting officially otherwise, from any and all claims, demands, actions or causes of action on account of referred. I hereby certify the minor is my (our) son / daughter and that his / her date of birth is noted above and I (we) do hereby certify that to the best of my (our) knowledge and belief said minor is in good health.

I understand that there are no medical personnel on duty during any of the After School Adventures programs (both on-site and off-site), all of which take place after school hours. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

I (we) hereby advise that the above named minor has had the following allergies, medicine reactions or unusual physical condition which should be made known to a treating physician. (If none, please write the word “None”)

Signature _____ Date: _____

Print Name _____

******REGISTRATION FORM******

NEW FORM – **MUST BE COMPLETED**

Please complete **SEPARATE** registration forms for **EACH** child enrolling in the program and **EACH** class.

Student Name: _____ Grade: _____ Teacher: _____

Class Name: _____ Fee: _____

Volunteer Date: _____ Phone#: _____

Student Name: _____ Grade: _____ Teacher: _____

Class Name: _____ Fee: _____

Volunteer Date: _____ Phone#: _____

Student Name: _____ Grade: _____ Teacher: _____

Class Name: _____ Fee: _____

Volunteer Date: _____ Phone#: _____

Student Name: _____ Grade: _____ Teacher: _____

Class Name: _____ Fee: _____

Volunteer Date: _____ Phone#: _____