

PUSD AFTER SCHOOL PROGRAM

PARENT PERMISSION AND STUDENT REGISTRATION FORM

I give my child permission to participate in the 2020-21 After School Program at _____
(Name of School)

Student's Full Name _____

Grade _____

Date of Birth _____

Parent/Guardian Name (Please print) _____

Student ID#

Home Address _____

City _____

Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

In case of emergency please contact:

Name _____

Relationship _____

Phone: work/home/cell _____

Does your child have health coverage? Yes No

Name of Medical Insurance _____

Policy/ Insurance # _____

Primary Insured's Name _____

Medical History that may be of importance _____

Medication(s) Student is taking _____

List any Allergies _____

Name of Child's Doctor _____

Telephone _____

I authorize After School Program Staff to furnish and/or obtain emergency medical treatment which may be necessary for my child during the After School Program.

I understand the nature of the after school program and that participation is voluntary. I understand that the Pittsburg Unified School District is not responsible for loss, damage, illness, or injury to person or property as a result of participation in the after school program. I hereby release and discharge the Pittsburg Unified School District and its officers, employees, agents, and volunteers from any and all claims for injury, illness, death, loss or damage as a result of after school program activities.

As parent/guardian, I understand that the After School Program will begin immediately after school is out and will end by 6:00 p.m. Students will not be released to go home from the After School Program until they are signed out by the parent/guardian or one of the individuals listed below:

When I am unable to pick my child up, I give After School Program staff permission to release my child to:

➡ _____
Name/Relationship _____

Phone Numbers: Home/Work/Cell _____

➡ _____
Name/Relationship _____

Phone Numbers: Home/Work/Cell _____

I give permission for the After School Program Staff to review my child's school data (test scores, report cards and other performance indices), for the purpose of providing targeted academic instruction and assessing the academic effectiveness of the After School Program. I also give permission for After School Program staff to monitor my student's progress and to require my child to complete evaluation surveys for the purpose of determining program effectiveness.

During your child's attendance in the After School Program, s/he may participate in an activity that is being photographed or videotaped; these photographs/video recordings may be used for promotional purposes.

My child may be photographed/videotaped by the After School program for promotional purposes. I authorize the PUSD or any third party it has approved to photograph or videotape my child during After School program activities and to edit or use any photographs or recordings at the sole discretion of PUSD. I understand that I and my child shall have no legal right or interest arising from the recording, including economic interest. I also agree to release and hold harmless the PUSD and any third party it has approved from and against all claims, demands, damages, and liabilities arising out of or use of the recording.

_____ Parent/Guardian Signature Date: _____