

# REGISTRATION FORM

bring these three pages with you on your first day! 

•• PARTICIPANT INFORMATION (one form per participant, please) NO CHILD MAY PARTICIPATE WITHOUT A COMPLETED FORM.

First Name \_\_\_\_\_ Last \_\_\_\_\_ DOB \_\_\_\_\_ \_\_ M \_\_ F

School/Grade \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

•• PARENT/GUARDIAN INFORMATION

First Name \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email address \_\_\_\_\_

•• PICK UP AND EMERGENCY CONTACT / AUTHORIZED RELEASE AUTHORIZATION

Please list below your emergency contact (as it appears in Johnstown-Monroe Local School District files) who is authorized to be contacted in case of an emergency and permitted to pick up the participant. Authorized individuals must be 16 or older and will be required to show a photo I.D.

Name \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

ONLY THE PARENT/GUARDIAN WHOSE SIGNATURE APPEARS ON THIS REGISTRATION FORM MAY MAKE CHANGES TO THE FORM. Any person listed as a parent/guardian on this form may add or remove additional person(s) to the authorized pick-up list (page 3).

I, the Parent/Guardian named here, allow my permission for the child named above to participate in the BRAINWORX program including any and all physical, cultural and academic activities and tutoring as offered in the program unless otherwise instructed in writing. **I agree that my child can be included in photographs promoting the BRAINWORX program. I agree that my child must be picked up at or before 4:00 pm at the east entrance of Johnstown Baptist Church.** TRANSPORTATION TO AND FROM JOHNSTOWN BAPTIST CHURCH IS NOT PROVIDED. *I understand there is no fee for participation in BRAINWORX.* I also understand that all students will obey school rules while they are attending BRAINWORX. **Students will be encouraged to silence and store their cell phones with his/her jacket or backpack during the hours of 2:30 - 4:00 pm while attending BRAINWORX.**

Unless noted (use a separate sheet) my child has no illness, condition, or impairment that would make it unsafe for him/her to participate in BRAINWORX. I hereby waive any and all claims and demands for relief arising from or in connection with personal injury or death resulting from my child's participation in BRAINWORX, regardless of the legal or factual bases thereof, that could be asserted in any manner whatsoever. I expressly release, discharge, and indemnify the Johnstown Monroe Local School District, Johnstown Baptist Church, or any of their members, agents and employees from and against any and all claims and demands. I represent that I am the parent/guardian of participant named above and that I am over the age of 18, and that I have read and I agree with the foregoing in its entirety.

Parent/Guardian (print) \_\_\_\_\_ Signature \_\_\_\_\_

After-school program for 6<sup>th</sup> grade students living in the Johnstown-Monroe Local School District

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