Sportz Center Academy
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Office: 770 593-3149 Fax: 770-987-1188

AFTER SCHOOL ACTIVITIES FOR SCHOOL AGE CHILDREN
A.S.A.S.A.C.

DATE OF APPLICATION: PROGRAM CHOICE:

PLEASE PRINT CLEARLY IN ALL FIELDS AND INITIAL WHERE APPROPRIATE

CHILD: SEX: SSN:

STREET ADDRESS:

CITY: STATE: ZIP CODE:

TELEPHONE (H): DATE OF BIRTH:

NAME OF SCHOOL:

2ND CHILD: SEX: SSN:

SCHOOL: DATE OF BIRTH:

3RD CHILD: SEX: SSN:

SCHOOL: DATE OF BIRTH:

PARENT INFORMATION

MOTHER'S NAME: CELL

EMAIL ADDRESS: WORK

FATHER'S NAME: CELL

EMAIL ADDRESS: WORK

DROP OFFF/ PICK-UP/ AND RELEASE INFORMATION:

PARENTS OR PERSONS AUTHORIZED BY THE PARENTS TO PICK UP OR DROP OFF THEIR CHILD AT SCA MUST ESCORT THE CHILD INTO OR OUT OF THE CENTER. SCA WILL NOT ALLOW ANY CHILD TO ENTER OR LEAVE WITHOUT AN ESCORT. OTHER PERSONS TO WHOM SCA IS AUTHORIZED TO RELEASE THIS CHILD TO SHALL BE LISTED BELOW. UNDER NO CIRCUMSTANCES WILL SCA RELEASE THIS CHILD TO ANYONE NOT IDENTIFIED BELOW OR NOT OTHERWISE KNOW TO THE STAFF, WITHOUT SPECIFIC AUTHORIZATION FROM THE PARENT OR GUARDIAN. ADDITIONS OR CHANGES TO THIS LIST OF PERSONS APPEARING BELOW WILL BE MADE, SIGNED, AND DATED ON THIS FORM OR SHALL BE ATTACHED. THE PARENT OR GUARDIAN AGREES IN EACH INSTANCE THAT HE/SHE WILL BE CERTAIN THE STAFF IS AWARE OF THE CHILD'S ARRIVAL AND DEPARTURE.

NAME: RELATIONSHIP:

NAME: RELATIONSHIP:

NAME: RELATIONSHIP:

EMERGENCY CONTACTS:

PERSONS WHOM YOU AUTHORIZE SCA TO CONTACT FOR GUIDANCE IN AN EMERGENCY SUCH AS A MEDICAL OR OTHER EMERGENCY, WHEN THE CHILD'S PARENTS OR GUARDIAN ARE UNAVAILABLE, SHALL BE LISTED BELOW

NAME: RELATIONSHIP:
HM: WK: CELL:

NAME: RELATIONSHIP:
HM: WK: CELL:

HEALTH INFORMATION:

DESCRIBE ANY HEALTH OR OTHER SITUATIONS CONCERNING YOUR CHILD, WHICH SCA SHOULD BE AWARE THAT WOULD REQUIRE SPECIAL PROCEDURES TO BE FOLLOWED. BE SURE TO INCLUDE ANY PHYSICAL OR MENTAL ISSUES THAT MAY LIMIT THE CHILD'S PARTICIPATION IN PROGRAMS AND ACTIVITIES.

PLEASE LIST ANY AND ALL ALLERGIES YOUR CHILD HAS:

PLEASE LIST ANYGENERAL HEALTH ISSUE WE SHOULD BE AWARE OF:

WE UNDERSTAND THAT CONSISTENT WITH CIRCUMSTANCES OF THE SITUATION AND AVAILABLE TIME, IF A CHILD IS INJURED OR BECOMES ILL, SCA WILL ATTEMPT TO CONTACT AND FOLLOW THE INSTRUCTIONS OF THE PARENT OR GUARDIAN, PHYSICAN OR OTHER PERSON(S) DESIGNATED AS OUTLINED ABOVE. IN THE EVENT SCA IS UNABLE TO CONTACT THE PARENT, GUARDIAN, PHYSICIAN OR EMERGENCY CONTACT PERSON(S), WE HEREBY GRANT PERMISSION TO SCA TO CONTACT AND COMPLY WITH THE ADVICE OF AN AVAILABLE PHYSICIAN, AMBULANCE PERSONNEL, OR EMERGENCY ROOM PERSONNEL. WE HEREBY AGREE THAT WE WILL BE SOLELY RESPONSIBLE FOR AND WILL PROMPTLY PAY ANY EXPENSES WHICH MAY BE INCURRED BY SCA IN MAKING EMERGENCY MEDICAL TREATMENT AVAILABLE TO THE ABOVE MENTIONED CHILD. I UNDERSTAND THAT SCA USES DEKALB MEDICAL CENTER FOR ALL EEMERGENCY MEDICAL SITUATIONS.

INITIAL:

PHYSICIAN: NUMBER:

INSURANCE COMPANY:

POLICY NUMBER:

DROP OFFF/ PICK-UP/ AND RELEASE INFORMATION:

PROGRAM ACKNOWLEDGEMENT AND GENERAL AUTHORIZATION:
WE HAVE REVIEWED THE DAILY PROGRAMS AND POLICIES OF SCA. WE HEREBY GRANT PERMISSION TO SCA FOR THE ABOVE CHILD TO PARTICIPATE IN THE FOLLOWING.
1.TAKE PART IN SELECTED PROGRAM ACTIVITY, INCLUDING THE USE OF INDOOR AND OUTDOOR EQUIPMENT.
2.BE PHOTOGRAPHED OR VIDEOTAPED IN CONNECTION WITH THE PROGRAM AND ACTIVITY.
3.IF APPLICABLE, BE TRANSPORTED TO AND FROM SCHOOL THE CHILD ATTENDS.

INITIAL: ____________________

HOURS AND DAYS OF OPERATION:

ASASAK SERVES CHILDREN AGES 5-14, WITH THE HOURS OF OPERATION BEING FROM 2:30PM TO 7:00PM MONDAY THROUGH FRIDAY. A LATE FEE OF $1.00 A MINUTE WILL BE ASSESSED AFTER THE SCHEDULED FINISH TIME. ASASAK RUNS THROUGH THE SCHOOL YEAR AUGUST-MAY. IN ADDITION, WE WILL BE CLOSED AS DETERMINED NECESSARY DUE TO INCLEMENT WEATHER. AS A GENERAL RULE, WE FOLLOW THE CLOSING SCHEDULE OF DEKALB COUNTY SCHOOLS.

INITIAL:____________________

TRANSPORTATION:

WE TRAIN ATHLETES PROVIDES TRANSPORTATION FROM LOCAL SCHOOLS IN OUR AREA. IF YOUR CHILD IS GOING TO BE PICKED UP BY WE TRAIN ATHLETES, PLEASE INFORM THE SCHOOL THAT THEY ATTEND AND FILL OUT ANY NECESSARY FORMS WITH THEM TO MAKE SURE THAT THE SCHOOL HAS THE INFORMATION ON FILE. IF THERE IS AN OCCASION WHEN YOUR CHILD DOES NOT NEED TRANSPORTATION DUE TO ILLNESS, SCHEDULE CHANGES, ETC. YOU MUST NOTIFY THE DIRECTOR OF THE PROGRAM BY NO LATER THAN NOON ON THE DAY OF ABSENCE. FAILURE TO NOTIFY WILL RESULT IN A $5 CHARGE.

INITIAL:____________________

AUTHORIZATION SIGNATURES:

MY SIGNATURE BELOW INDICATES THAT I HAVE REVIEWED THIS AGREEMENT IN ITS ENTITY AND AGREE TO ALL OF THE STATEMENTS AND PROVSIONS MADE HEREIN.

I HEREBY WAIVE ALL LIABILITY CLAIMS FOR DAMAGES FOR PERSONAL INJURY, INCLUD-ING ACCIDENTAL DEATH, AS WELL AS FROM CLAIMS FROM INJURY, ILLNESS,AND/OR OTHER MISHAP WHICH MAY ARISE IN CONNECTION WITH SPORTZ CENTER ACADEMY AGAINST THE SUPERVISOR, DIRECTOR, COACHES, OWNER, ITS ELECTED AND APPOINTED OFFICIALS, AGENTS, AND EMPLOYEES.

PARENT/GUARDIAN SIGNATURE: ____________________

PRINT NAME: ____________________

DATE: ____________________