



Application for Participation in Youth Activities

Date of Application:

Program Description:

Section 1. Application Information

Child(ren) Name: _____ D.O.B.: _____ Gender: _____ Age: _____ School: _____ Grade: _____

Child(ren) Name: _____ D.O.B.: _____ Gender: _____ Age: _____ School: _____ Grade: _____

Child(ren) Name: _____ D.O.B.: _____ Gender: _____ Age: _____ School: _____ Grade: _____

Address of Family:

Street _____ City _____ State _____ Zip Code _____

1. Name of Parent / Guardian: _____ Live /w child: _____ Relationship to child: _____ Employer: _____

Home _____ Cell _____ Work _____

2. Name of Parent / Guardian: _____ Live /w child: _____ Relationship to child: _____ Employer: _____

Home _____ Cell _____ Work _____

Section 2. Emergency Contact Information

1.Name: _____ Contact # _____ Relationship to child: _____

2.Name: _____ Contact # _____ Relationship to child: _____

Section 3. Health Information

Please list all known allergies and special needs conditions

Name of Child: _____ Describe Condition: _____ List Medicines Taking: _____

Family Doctor: _____ Phone#: _____

Insurance Provider: _____ Policy#: _____



Parent / Guardian Consent Agreement

All Activities, Events and Classes being offered is a service available as a voluntary drop in class and is not considered a daycare center. I am aware that my child is free to enter and exit during class hours. I am also aware that there are risks associated when parents are not here to pick up their students on a timely basis. SCA will not be held responsible after center's closing time or once the activity has ended. The following terms and conditions apply to any field trips I allow my child to participate in.

I hereby for myself, my heirs, my executor, and administrator waive and release any and all rights, claims, demands and judgments which I may have against these activities or classes, its owner, agents or employees for any damages, accidents or injuries that may be suffered by me or my child at any time. I have read and will support the goals and rules set out for this center.

In the event of an emergency involving my student and in the event that this class cannot reach me by phone, I hereby authorize any emergency medical care that is needed. I further agree to be fully responsible for all medical expenses incurred during the treatment of my student.

By signing this form I hereby acknowledge that I have read this form, that I understand all content, and that I agree with the terms and conditions herein.

I understand that as and if any information being submitted on this application change, it is my responsibility to submit all changes to SCA, in writing within 24hrs of notification of change.

Parent Signature Required: _____

Date _____

Photo Release

Student's Name: _____

I hereby grant Sportz Center Academy, the right (without compensation) to take pictures of my student during special events, special projects or field trips. I further authorize and grant Sportz Center Academy permission to use his/her name, likeness, and biographical information in connection with production of brochures, flyers, or exhibits for the purpose of publishing. Sportz Center Academy shall be under no obligation to actually use student's name, likeness and biographical information.

Parent Signature Required: _____

Date: _____

Early Release / Pick-up Form

Name of Student: _____

I give permission for the following person(s) to pick up my child(ren):

1.Name: _____

Contact # _____

2.Name: _____

Contact # _____

3.Name: _____

Contact # _____

To All SPORTZ CENTER ACADEMY Parents / Guardians...

Here is a Quick Review of SCA's Policies and Procedures:



Asthma and Respiratory:

If your child(ren) has Asthma or Respite Problems - their breathing machine, inhaler or asthma pump "Must" Accompany the Student "Every Day". Parent is responsible for providing to SCA written instructions on operation or usage.

Discipline:

May consist of one or a combination of the following:

Verbal Warning	Time Out	Partial Loss of Play Time
Written Warning	Contact Parent	Parent Conference
Suspension	Dismissal	

Dismissals:

- Students may be dismissed or released to go home prior to center regular closing time.
- It is the parent's responsibility to make provisions and arrangements for their child(ren) prior to center opening and closing; during class activities, during our expected operating days and upon completion of activities.

Admittance and Program Participation

All students and adults must:

- Be in and maintain positive and appropriate relations with the staff/coaches at all times.
- Meet the behavioral, physical, mental and social, and age appropriate guidelines and expectations.
- Maintain and / or provide requested document as needed to meet the class requirements for operations and participations. Documents will vary per activity.

Parent, Visitors and Volunteers:

- Parents are welcome to observe and participate! However, to ensure that your time is properly utilized, we ask that the times and duties be coordinated in advance.
- Volunteers are welcomed to participate.
- Parent Meetings and prolonged discussions can not be held with the staff/coaches during the hours of scheduled activities or without a scheduled appointment.

Parent Signature Required: _____

Date _____

Parental Waiver

I hereby waive all liability claims of damages for personal injury, including accidental death, as well as from claims from injury, illness, and / or mishap which may arise in connection with Sportz Center Academy Inc., the director, coaches, owner, its elected officials, and or employees.

As Parent/ Guardian, I hereby consent to treatment of my child for minor and any and all medical procedures deemed necessary as a result of an accident or injury. I authorize medical treatment and admission to any hospital.

It is understood that the parent/ guardian will be called upon incident/ accident to cover cost and to give authorization if advanced treatments are necessary.

Parental Agreement

I have received a copy of the Parent Handbook which outlines the Policies and Procedures for Sportz Center Academy.

In signing, I am giving my child(ren) permission to participate in the activities planned at SCA and agree to abide by the regulations set forth.

Student Name(s): _____

Signature of Parent/Guardian

Date