

AAK AFTERSCHOOL PROGRAMS REGISTRATION

STUDENT INFORMATION

Student Name:

Date of birth:

Grade Level:

Home Room:

PARENT/GUARDIAN INFORMATION

Primary Contact:

Secondary Contact:

Emergency Contact:

Relationship:

Relationship:

Relationship:

Phone:

Phone:

Phone:

Email:

Email:

Email:

HEALTH CONCERNS

Please list any health conditions or allergies that we should be aware of:

AFTER SCHOOL ACTIVITY NAME & PRICE (LIST MORE THAN ONE IF NEEDED!)

AAK Music Shirt (\$20) Youth size:
S M L XL

Private Music Lessons (\$varies)

I would like to apply for a scholarship for my child for the above LISTED program*:

****Mad Science, LEGO Playwell, Chessmates, and Cheer must be registered for on their websites, not through AAK. Please contact Jada Kankel directly about the scholarship lottery system for these programs. jkankel@akelementary.org For all other program scholarships, please check the box below.***

IMAGE RELEASE FORM

In consideration of participation in TPAAK's after school program, the undersigned agrees that their likeness, or the likeness of their child/ward may be photographed or videotaped and that such image may be published in an outlet used to promote or publicize the TR Paul Academy of Arts & Knowledge Program.

Parent/Guardian Signature:

Date:

Printed Name:

(TPAAK USE ONLY) PAYMENT (TPAAK USE ONLY)

Payment Method: Cash or Check

Amount:

Payment Received: Yes or No

Date:

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RELEASE OF LIABILITY FOR MINOR PARTICIPANTS (READ BEFORE SIGNING)

IN CONSIDERATION OF _____, my child/ward, being allowed to participate in any way in the SCHOOL SPONSORED CLUBS AND AFTER SCHOOL ACTIVITIES related events and activities, undersigned acknowledges, appreciates, and agrees that:

The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and

- 1. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my child's participation; and,
2. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Northern Colorado Academy of Arts & Knowledge dba TR Paul Academy of Arts & Knowledge (TPAAK); its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
4. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releases from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
5. I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

SIGNATURE

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature of applicant (parent/guardian): Date:
Printed Name: Child: