



KIDS CLUB PROGRAMS REGISTRATION FORM

Please indicate which day(s) you are registering for

Kids Club Wednesdays (\$135 – 10 weeks) Youth Club Wednesdays (\$225 – 10 weeks plus \$5 meal = \$275)

Kids Club Fridays-Full Day (\$486 – 9 weeks)

Parents/Guardian Names: _____

Child's Name: _____ Age _____ Birthdate _____

Child's Name: _____ Age _____ Birthdate _____

Child's Name: _____ Age _____ Birthdate _____

Family Island Address: _____

Island Phone #: _____ Cell: _____ Other: _____

Family e-mail: _____

Island Emergency Contact Name and Phone# (Not a Parent or Guardian): _____

Authorized persons for drop off and pick up: _____

Does your child have any allergies or medical conditions we need to be aware of? If so, please describe any procedures we need to know about in an emergency. (Use back of page if necessary): _____

Cancellation Policy for After School Programs and Kids Camps

It is important for families to note that once a program begins no credit or refund is available.

Photo Release I authorize the SGINH – Kids Club to take and possibly publish photos of me/my child(ren) pertaining to the above identified program. In the course of conducting our programs, periodically, photos will be taken of participants in various program activities, some of which may be used on the Epicentre / SGINH web or social media sites or in print materials as part of our promotional and fundraising efforts. Please note that participants will not be identified by name in any of our promotional material or on our website. **Yes No (please circle)**

Current photo of child provided for SGINH Kids Club files: Initial _____

Waiver I (parent/guardian signature) understand and agree that in participating in any program, workshop, rehearsal or performance, there is a possibility of physical injury. I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident, which might occur to myself, or my child, during any SGINH – Kids Club programs or activities. I also exempt, release, and indemnify the program coordinator, board members, and/or workshop facilitators or assistants, from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted at these locations. I understand that I should be aware of my physical limitations and agree not to exceed them. If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights.

Parent/Guardian Signature: _____ **Date:** _____

