

CCSD REACH-OST Program

Before & After-School Programming



REGISTRATION FORM

Child's Name: _____ Gender: _____ Grade: _____ Teacher: _____ DOB: _____

Allergies: _____ Medical Conditions: _____ Primary Language _____

Hispanic/Latino Caucasian Native American African American Pacific Islander Asian Other

Child's Name: _____ Gender: _____ Grade: _____ Teacher: _____ DOB: _____

Allergies: _____ Medical Conditions: _____ Primary Language _____

Hispanic/Latino Caucasian Native American African American Pacific Islander Asian Other

Child's Name: _____ Gender: _____ Grade: _____ Teacher: _____ DOB: _____

Allergies: _____ Medical Conditions: _____ Primary Language _____

Hispanic/Latino Caucasian Native American African American Pacific Islander Asian Other

Child's Name: _____ Gender: _____ Grade: _____ Teacher: _____ DOB: _____

Allergies: _____ Medical Conditions: _____ Primary Language _____

Hispanic/Latino Caucasian Native American African American Pacific Islander Asian Other

Home Address: _____ City: _____ Zip: _____ Home Phone: _____

Parent/Guardian Name: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Emergency Contact #1: _____ Home Phone: _____ Cell Phone: _____

Emergency Contact #2: _____ Home Phone: _____ Cell Phone: _____

I hereby give permission for _____ to participate in the Cache County School District REACH-OST program. As parent/guardian, I have read the handbook or program materials and discussed the program with the participant. I recognize that there is an element of risk associated with the program and I acknowledge my acceptance of that risk by participation. In the event of an emergency, I give permission for emergency medical treatment to be administered to my child. I also acknowledge that accessibility or use of tobacco, alcohol, illegal substances or sexually explicit materials are prohibited by any person anywhere on the premises. I agree to hold harmless from any claim the Cache County School District and its school sites where my child is in participation in REACH or other after school programs. As a parent/guardian, I am responsible for providing transportation promptly at the ending time designated by the site. I also hereby consent to allow my child's picture and/or likeness to appear in any official documentary, promotional, exclusive television, radio or film coverage of the Cache County School Districts publications in any manner incidental to participation in the activity of the Cache County School District programs without compensation.

Parent/Guardian Signature: _____ Date: _____