

**Colonial Sports School Year
REGISTRATION INFORMATION**

Child's Name: _____

Start Date: _____

School: _____

Grade: _____

Parent Email: _____

Gender: _____

Select Program (choose one):

Before School Care

Full Time **OR**

Part Time (3 day)

***3 day minimum required

Part Time (4 day)

***Must be same 3 or 4 days

___M ___T ___W ___Th ___F

After School Care

Full Time **OR**

Part Time

Flex (schedule will vary)

___M ___T ___W ___Th ___F

Before and After School

Full Time **OR**

Part Time (3 day)

***3 day minimum required

Part Time (4 day)

***Must be same 3 or 4 days

___M ___T ___W ___Th ___F

How did you hear about Colonial Sports School Year Program?

___ Returning Parent ___ Website ___ About Families ___ Clipper ___ Referred by Friend ___ Other

Child lives with (circle one):

Mother

Father

Both Parents

Other _____

Does your child have an IEP (Individual Education Program)?

YES

NO

(Please Note: If Applicable, a copy of the full IEP must be turned in at least 5 days prior to your child's first day of attendance and may require meeting with the staff before care begins.)

Please list any additional information you feel we should know in order to better serve your child.

Medical Waiver: We understand that in case of emergency and we are unable to be contacted, we give permission to Colonial Sports to authorize any emergency action necessary to insure the safety of our child. This does not in any way hold CHB Sports, Inc., financially responsible or otherwise liable for any medical or emergency care given. Which hospital do you wish to use if need be?

Hospital: _____

I give permission for my child to participate and be photographed in any and all activities. I grant permission for the photographs to be used in any CHB Sports, Inc., publication. **YES** **NO**

Waiver: I hereby waive and release any and all rights for myself, my heirs, executors, and administrators this enrollee may have against CHB Sports, Inc. or its representatives, agents, and successors for any and all injuries the participant may suffer in connection with his/her participation in any Colonial Sports Programs.

Parent or Guardian Name (Printed)

Parent or Guardian Name (Signature)

Date