



Wild Kats After Summer School Registration

Today's Date: _____

AFTER SUMMER SCHOOL

Participant's last name	MI	First	Birth date	Age	Gender
					<input type="checkbox"/> F <input type="checkbox"/> M
School Enrolled in Fall	Grade	Child resides with:	Current WRF member?		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent/Guardian's Name			Email address		
Current mailing address		City	State	Zip code	
Home Phone ()	Work Phone ()		Cell phone ()		
Emergency contact #1	Phone		Relationship		
Emergency contact #2	Phone		Relationship		

Please identify the days of the week that child is registered to attend:

Operating Hours

WRF Summer School Programming will run from 12:30 p.m.-4 p.m. Monday through Thursday. Childcare is available until 6 p.m. with pre-registration. Children must be picked up by 6 p.m. Late fees will be assessed at \$10 per 15 minutes starting at 6:01 p.m.

Payment/Fees

Children of Wild River Fitness active members are able to attend for \$10 per day. Children of people not currently a member of Wild River Fitness will pay \$15.00 per day of attendance. Fees are to be paid in full the first day of attendance of each week. Payment can be made through credit card, check or cash. Make checks payable to Wild River Fitness. There will be a \$25 fee for each returned check; repayment must be in cash, cashiers' check or money order. There are additional fees for field trips. Children may bring extra money upon approval from youth coordinator.

Sign In/ Sign Out Policy

Each child is required to be signed in and signed out. Children will only be allowed to leave premises with authorized adults. Identification will be checked until we know you.

Absences/Illness

Please inform WRF at 715-294-2164 if your child/ren is going to be absent from Summer School Programming. If your child becomes ill while at After Summer School Programming, you will be notified and be expected to come and pick your child up. If your child is injured and requires professional medical attention, you will be notified immediately. For minor first aid treatment provided by staff, you will be notified at the end of the day.

Emergency Procedure

In the event of a disaster, WRF will follow site specific disaster plans.

Pick Up Policy

I authorize the following individuals to pick up/drop off my child/ren:

Name	Phone Number	Relationship
1.		
2.		

(Please complete back side)

Waiver of release and liability:

As parent/guardian of _____ I understand that OMCs Wild River Fitness assumes no responsibility for injuries or illness which this child may sustain as a result of his/her physical condition or resulting from participation in any athletic activity, sports program, the use of any equipment, exercise or other activities. I expressly acknowledge on behalf of this child and heirs that this child and I assume the risks for any and all injuries, which may result from participation in these activities. I hereby release and discharge OMC's Wild River Fitness, its agents, servants and employees from any and all claims for injury, illness, death, loss or damage which this child may suffer as a result of participation in these activities or use of the OMC's Wild River Fitness facilities.

I give permission for my child to travel in a Wild River Fitness designated vehicle to and from field trip destinations as outlined in monthly calendar. I understand that field trip destinations may be changed and that I will be informed of this.





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I also hereby release all pictures of my child taken by OMC's Wild River Fitness for promotional purposes and programming materials including Wild River Fitness and affiliated web sites. Waiver is good for the length of the school year.

Parent Signature: _____ Date: _____

Wild River Fitness representative (not valid without signature)

Staff Signature: _____

Date: _____

Health/other information (must be completed in its entirety.)

Primary Care Provider/Clinic Name: _____

Phone _____ Address _____

NO	YES	
		Is the participant exempt from immunizations for religious or medical reasons?
		Are there any health issues/concerns (i.e. seizures, asthma, diabetes, allergies)? If yes, please explain: Date of last seizure:
		Will an emergency device (epi-pen/inhaler) be provided for asthma/allergies?
		Is the participant currently taking any medication? If yes, an additional medical form must be completed. Staff can provide you with the form.
		Are there any physical, psychiatric, behavioral, emotional or developmental concerns staff should be aware of? If yes, please explain:

Any other concerns: