



ExtraCurricular Program Registration Form

Child's Name: _____ Date of Birth: _____

Name of ExtraCurricular Class: _____

Teacher: _____

Date(s)/Times: _____

Medical Release

I, the undersigned parent or guardian of _____, hereby authorize Austin EcoSchool, Inc., through one of its agent or employees, to provide medical care for my child (including transportation to a medical facility), if it is deemed necessary by either party, from the commencement of program for which my child is attending to its conclusion. I further authorize Austin EcoSchool, Inc., through one any one of its agents or employees, to consent to medical treatment of any nature deemed necessary by a physician, hospital or any other care facility in the event that my child suffers injury or illness during the period described above. I hereby release Austin EcoSchool, Inc., and its officers, directors, employees or extra curricular program staff from any and all liability and responsibility in connection with an accident or injury to my child while at Austin EcoSchool.

signature of Parent or Guardian

Date

Emergency Contact Information

Primary Emergency Contact: _____ Phone: _____

Relationship to Child: _____ Phone: _____

Alternate Emergency Contact: _____ Phone: _____

Relationship to Child: _____ Phone: _____

Physician's Name: _____ Physician's Phone: _____

Insurance Provider: _____ Policy Number: _____

Please list any medications to which your child may be allergic, or any current medications your child takes. Please also list any medical conditions, allergies or other health concerns regarding your child which Austin EcoSchool may need to be aware of:

All payments and registration forms for classes should be returned to the Teacher of the ExtraCurricular Program for which you are registering your child.

For Administrative Use Only: Amount Paid: _____ Check Number: _____ Date: _____