

Oak Hill Elementary PTA

After-school Activity Registration Form



PLEASE PRINT NEATLY!

Activity Name: _____

Meeting Day Preferences:
 (If applicable, see activity registration info)

1st	2nd	3rd
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Please complete ALL of the information below:

Student Name: _____

Grade/Teacher: _____

Parent's Name: _____

e-mail address: _____

Home Phone #: _____

Alternate Phone #: _____

Emergency Contact: _____

Emergency Contact Phone #: _____

In order for us to best serve each student, please list any physical, cognitive or emotional disabilities that the instructor may need to accommodate and/or any other special/medical needs (including allergies):

After class my child will go to SACC be picked up by parent/guardian or _____ (authorized person must be over 18)

ALL REGISTRANTS AGREE TO THE FOLLOWING TERMS:

- * In accordance with Oak Hill PTA policy, if the number of registrations exceeds the number of available spots, a lottery will be used to determine placement.
- * Registrants will be contacted by e-mail regarding placement. **Do not assume your child has been placed** unless you have received confirmation.
- * Checks must be made payable to **Oak Hill PTA** and received by the due date noted in the confirmation e-mail.
- * For evening and weekend activities, an adult must accompany the child into the school and remain with the child until the instructor arrives.
- * Parents **must** provide a written note if their child will be picked up by an adult they have not authorized above.
- * Parents/guardians are responsible for seeing that their child is picked up *by a responsible adult inside the building* promptly at the end of class. Failure to pick-up on-time on more than one occasion will result in the student's removal from the activity without a refund.
- * Students will not be allowed to walk home without an adult.
- * Parents will notify the PTA contact or instructor by e-mail or phone if the student will be absent.

Parent/Guardian Signature: _____

Date: _____

THE INFORMATION BELOW MUST BE COMPLETED FOR A CHILD ATTENDING ANY SPORT CLINIC:

As parent/guardian of the above player, I certify that he/she is in excellent health and has no physical, mental or emotional problems which are likely to prevent participation. I understand that the PTA and/or Clinic Provider do not provide any medical payments coverage (insurance) and I am allowing my child to participate in this event at his/her own risk. By my signature below, I _____ (my printed name), agree to pay for any medical expenses incurred by my child _____ (my child's printed name) as a result of participating in this PTA sponsored activity/event and will not hold Clinic Provider, or its staff, liable for any reason related to my child's participation in the Clinics.

Parent/Guardian Signature: _____

Date: _____

PTA Use Only Lottery #	Confirmation Sent / /	Full Pmt Received / /	Check #
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