

HORIZONS K8 AfterCare Registration

Date of Enrollment: _____

Child's name: _____

Age: _____ Gender: _____ Date of Birth: _____

Teacher: _____ Grade: _____

Parent/Guardian #1: _____ Cell #: _____ Home #: _____ Work#: _____ Email: _____
Parent/Guardian #2: _____ Cell #: _____ Home #: _____ Work#: _____ Email: _____

Person(s) authorized to pick up your child
(Must show valid photo ID if requested)

Name: _____ Relationship: _____ Contact #s: _____ Driver's License (If requested by parents): _____
Name: _____ Relationship: _____ Contact #s: _____ Driver's License (If requested by parents): _____

Emergency Contact/s

Name: _____ Relationship: _____
Cell #: _____ Home #: _____
Work #: _____
Name: _____ Relationship: _____
Cell #: _____ Home #: _____
Work #: _____

Medical Information

Name of Child's Doctor: _____ Phone: _____

Health Insurance Policy/Number: _____

Name of Child's Dentist: _____ Phone: _____

Dental Insurance Policy/Number: _____

Hospital Preference: _____ Phone: _____

Health History – Check all that apply. Add details if necessary.

Chronic Medical Conditions: _____

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Visual Impairments | <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Hearing Impairments | <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Heart Disease/Defect |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Measles | <input type="checkbox"/> Convulsion/Seizures |
| <input type="checkbox"/> Flu/Flu Shot | <input type="checkbox"/> Mumps | <input type="checkbox"/> Chicken Pox |

Details: _____

Allergies:

Operations/Serious Injuries (Include dates): _____

Does your child take any Medications? : ____ Details: _____

A Medication Authorization Form will need to be filled out for any medication your child might need while in AfterCare.

If applicable, please describe any health limitations relevant to your child:

____ (INITIAL) **Authorization for Leaving School Premises**

I/We hereby give permission to the staff of Horizons K-8 School and After School Care program to leave school premises for all program purposes including, but not limited to field trips on foot or in a vehicle, and to provide off-campus supervision and possible transportation in emergency situations.

____ (INITIAL) **Authorization for Emergency Medical Care**

I/We hereby give permission to the staff of Horizons K-8 School and After School Care program to call on my/our child's behalf for any doctor or emergency medical services. I/We give permission for the doctor, hospital, or medical services to provide emergency medical or surgical care for my/our child. It is understood that the child care provider will make a conscientious effort to

Movie Viewing Permission

____ (INITIAL) My child may watch **PG** (Parental Guidance Suggested) movies/streaming or clips. (Example: Brave, Ice Age, Smurfs...)

____ (INITIAL) My child may **NOT** watch movies/streaming or clips during the After School Care Program. An alternate activity will be provided in a separate area.

I HAVE READ, UNDERSTAND, AND AGREE TO FOLLOW THE POLICIES AND PROCEDURES OF THE HORIZONS K-8 SCHOOL AFTER SCHOOL CARE PROGRAM.

Parent/Guardian Signature Date

2016-17 AFTERCARE AND ENRICHMENT
RELEASE AND WAIVER OF LIABILITY

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS (By signing this document you waive certain legal rights, including the right to sue. Please read carefully!) I understand that, but for my execution of this Release and Waiver of Liability, my child ("Participant") would not be allowed to participate in Horizons K-8 Summer Camp/Aftercare and Enrichment program(s)."

ASSUMPTION OF RISKS:

I am aware that my or my child's ("Participant") participation in Horizons K-8 /Aftercare and Enrichment program(s) involves certain inherent risks, dangers and hazards including, but not limited to bodily injury associated with this participation. I also understand that the Boulder Valley School District and Horizons K-8 Inc. cannot accept responsibility for the acts or omissions of private parties. I understand neither BVSD nor Horizons purchase or provide insurance to cover injuries, death, damages or other losses. I understand that I am responsible for Participant's own health, medical, dental and property insurance. I freely accept and fully assume all costs, risks, dangers and hazards and the possibility of personal injury, death, property damage, expense and other loss and delay or inconvenience resulting therefrom or from acts or omissions of the Boulder Valley School District and Horizons K-8 Inc., its employees, representatives, agents and volunteers.

RELEASE OF LIABILITY, WAIVER OF CLAIMS: In consideration of the Boulder Valley School District and Horizons K-8 Inc., allowing Participant to partake in Horizons K-8 Summer Camp/Enrichment and Aftercare program(s), I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that Participant has or may have in the future against the Boulder Valley School District, Horizons K-8 Inc., its employees, representatives, agents and volunteers, arising directly or indirectly from Participant's participation.
2. TO RELEASE THE BOULDER VALLEY SCHOOL DISTRICT and HORIZONS K-8 Inc. from any and all liability for any loss, damage, injury or expense that Participant may suffer or that Participant's next of kin may suffer as a result of Participant's participation, but not limited to, NEGLIGENCE, BREACH OF CONTRACT, or BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE.
3. THAT THIS AGREEMENT shall be effective and binding upon Participant's heirs, next of kin, executors, administrators and assigns, in the event of Participant's death or incapacity.
4. THAT THE TERMS of this Release and Waiver of Claims shall apply, and have priority over any previous agreement or written agreement, representation, terms or conditions to the contrary.
5. This Agreement shall be governed by and interpreted in accordance with the laws of the State of Colorado. Nothing herein shall be deemed a waiver, express or implied, of any provision of the Colorado Governmental Immunity Act, C.R.S. 24-10-101, et seq.
6. Any litigation involving the parties to this Agreement shall be brought within the State of Colorado.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT PRIOR TO SIGNING IT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH PARTICIPANT OR PARTICIPANT'S HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE BOULDER VALLEY SCHOOL DISTRICT AND HORIZONS K-8 Inc.

Participant (Student) Name: _____

Signature of Parent/Guardian: _____

Date: _____