

Saint Hugh Catholic School

After School Program Registration Form

Saint Hugh Catholic School is pleased to offer various after-school programs for this school year. Please review the list of offerings and complete the registration below. Checks should be made payable to Saint Hugh. Please submit a separate check for each class. Cash will also be accepted.

Please note all payments, registration forms, waivers, and health forms (if necessary) must be received by start of class. The account must be current and in good standing to participate in practices/lessons.

If you have any questions, please contact Mrs. Perez (Gperez@st_hugh.org)

After School Class Title: _____

Time / Day: _____ Cost: _____

Student's Name: _____

Student's Grade: _____ Student's Age: _____

Parent(s) or Guardian(s) Name: _____

Email Address: _____

Day Phone: _____ Cell Phone: _____

EMERGENCY CONTACT INFORMATION (List two emergency contacts other than those listed above)

Name	Relationship	Day Phone	Cell Phone
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Name	Relationship	Day Phone	Cell Phone
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MEDICAL PROBLEMS /ALLERGIES

Please list any medical problems or concerns:

AGREEMENTS

1. Only registered students are allowed in the specified classes.
2. All payment due dates must be met.
3. A student's account must be current and in good standing to participate in practices/competitions/ special events/classes.
4. Your child must be picked up by the end of their class time as specified by the individual instructors. If child is not picked up on time, he/she will be sent to after school care and additional charges will be applied.
5. If a child chooses to not continue after school activity for any reason before the term is over, any and all funds are completely non-refundable.
6. Any additional forms (i.e. medical forms), if required, must be turned in prior to beginning the program.
7. All students must follow school rules and regulations as specified in student handbook.
8. Students must be signed out by an authorized adult, as specified in the emergency contact form filed in the school office.

HOLD HARMLESS RELEASE

I hereby waive, release, absolve, indemnify, and agree to hold harmless Saint Hugh Catholic School, its directors, employees, instructors, volunteers, participants, organizers, and any other affiliates, and the Archdiocese of Miami; for, from, and against all liability because of bodily injury, accidents, or property damage, known or unknown, which may occur or result from the participation of the child named below in any and all activities whether the result of negligence or for any other cause of Saint Hugh Catholic School.

I hereby grant Sponsor full authority to take whatever actions they may consider in their sole discretion to be warranted under the circumstances concerning my child's health and safety and I fully release each of them from any liability for such decisions or actions as may be taken in connection therewith. I authorize Sponsor at its discretion, to place me at my own (or my parents/or my guardians) expense and without further consent, in a hospital that is readily available, to place me in the hands of a local physician for treatment, should the need arise at my expense.

All references in this release to Sponsor shall include all of its corporate members, officers, directors, staff members, campus directors, chaperones, group leaders, faculty members, administrators, advisors, and agents. All references to a parent of the applicant include the legal guardian or other adult responsible for the applicant/participant.

I certify that I am the parent or legal guardian of the student named below, and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of the Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claims that I may have against Sponsor as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the applicant, including without limitations any claims arising as a result of the applicant leaving the supervision of Sponsor.

I individually, and as a parent/guardian for my child, have read this release and understood all the terms. I execute it voluntarily and with full knowledge of its significance.

Student's Name: _____

Parent/Guardian Printed Name: _____ Relationship: _____

Signature of Parent or Legal Guardian: _____

Release made this _____ day of _____, 20_____
Day Month