

**THE ROCK REGISTRATION FORM
FOR ELEMENTARY AFTER-SCHOOL PROGRAM**

Name of student: _____ Age: _____

Grade: _____ Teacher: _____

Name of parents or guardian _____

Address _____

Phone _____

Email _____

Person to contact in case of emergency and phone number:

Person/s responsible for picking up child _____

I give my child permission to walk home from The Rock _____yes _____no

My child is allowed to be on the computers and on the internet _____yes _____no

My child is allowed to have Tylenol or Advil if they complain of a headache _____yes _____no
Dosage? _____

My child needs help with homework _____yes _____no

Are there any known allergies or medical/physical problems we should be aware of?

Family Physician _____ Phone _____

Informed Consent and Acknowledgement

I give my permission for _____ to attend The Rock (Wreath, Inc) after-school program. I understand that my child must sign in and out when arriving and leaving. I will not hold any volunteer or officer of The Rock (Wreath, Inc) responsible for my child getting to or leaving from The Rock. I will not hold any volunteer responsible for any unforeseen accident or incident that could occur while my child is attending the after-school program. I understand that The Rock is open from 3:15 pm until 6:00 pm and that I must have my child picked up before or at 6:00 pm.

In case of injury to said child, I hereby waive all claims against The Rock (Wreath, Inc). including all volunteers and affiliates, all participants, and, if applicable, owners, Doard of Directors, Officers and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all sports activities, including basketball. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or death.

Medical Release and Authorization

As Parent and/or Guardian of the named child, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named athlete. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me.

Permission is also granted to The Rock (Wreath, Inc) and its affiliates including Directors, Volunteers, and Officers to provide the needed emergency treatment prior to the child's admission to the medical facility. Release authorized on the dates and/or duration of the registered program.

This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

COVID Waiver

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that Wreath, Inc (DBA: The Rock) has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that The Rock cannot guarantee that my child/children will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, The Rock staff and volunteers, along with other children and their families at the facility. I voluntarily seek services provided by The Rock and acknowledge that I am increasing my child/children's risk to exposure to the Coronavirus/COVID-19. I acknowledge that my child/children must comply with all set procedures to reduce the spread while attending the after-school program.

I attest that:

- My Child/children am/are not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- Our family have not traveled internationally within the last 14 days.
- Our family have not traveled to a highly impacted area within the United States of America in the last 14 days.
- I do not believe our family have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

- Our family have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.
- I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold The Rock harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself, my child/children, and/or property that may be caused by any act, or failure to act of The Rock, or that may otherwise arise in any way in connection with any services received from The Rock. I understand that this release discharges The Rock from any liability or claim that I, my heirs, or any personal representatives may have against The Rock with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from The Rock. This liability waiver and release extends to The Rock together with all owners, officers, employees, and volunteers.

parent or guardian signature

date