

The Zone Afterschool Program 2009-2010

Child Information

Child's Name:	Date of Birth:	Gender: M or F	Age:	Grade:	Preferred Name:
Address, City, State, ZIP:			May he or she leave unattended?		
Please list any allergies or disabilities and medications:			Who does the child live with?		
Did your child successfully complete the previous grade level? Y or N		Current School:		Name of Current Teacher:	
Are there academic subjects that you would like your child to receive help in?			May we contact your child's teacher?		
Child's Name:	Date of Birth:	Gender: M or F	Age:	Grade:	Preferred Name:
Address, City, State, ZIP:			May he or she leave unattended?		
Please list any allergies or disabilities and medications:			Who does the child live with?		
Did your child successfully complete the previous grade level? Y or N		Current School:		Name of Current Teacher:	
Are there academic subjects that you would like your child to receive help in?			May we contact your child's teacher?		
Child's Name:	Date of Birth:	Gender: M or F	Age:	Grade:	Preferred Name:
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Did your child successfully complete the previous grade level? Y or N		Current School:		Name of Current Teacher:	
Are there academic subjects that you would like your child to receive help in?			May we contact your child's teacher?		
Child's Name:	Date of Birth:	Gender: M or F	Age:	Grade:	Preferred Name:
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Please list any allergies or disabilities and medications:			Who does the child live with?		
Did your child successfully complete the previous grade level? Y or N		Current School:		Name of Current Teacher:	
Are there academic subjects that you would like your child to receive help in?			May we contact your child's teacher?		

Parent / Guardian Information

Parent/Guardian Name:					
Relationship to Child:		Day Phone:		Evening Phone:	
Current Address:				Cell Phone:	
City:		State:	ZIP:	Status: single married divorced	
Email Address:					
Is there anything our staff should be aware of?					

Emergency Contact (s)

Name (1):					
Relationship to Child:					
Day Phone:		Evening Phone:		Cell Phone:	
Name (2):					
Relationship to Child:					
Day Phone:		Evening Phone:		Cell Phone:	

How did you hear about the ZONE Afterschool Program:					
Other? Y or N					

Do you regularly attend church? Y or N Vineyard Church of Columbus Y or N Other Y or N					
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MEDICAL INFORMATION AND WAIVER

EVENT: The Zone Afterschool Program

Do you have medical insurance? YES

Who is your medical carrier? _____ ID number _____

Does your child have any disabilities, handicaps, present injuries, limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? YES NO

If yes, please explain: _____

In case of an emergency contact Dr. _____ Phone (____) _____

Emergency Authorization Signature: _____

I, the parent/legal guardian of the participant, who is a minor, hereby authorize leaders, team members, supervisors and vehicle drivers as my agent to consent to medical surgical or dental examination and/or treatment. In case of an emergency, I hereby authorize treatment and/or care of any hospital. If there is an emergency and I cannot be reached please contact:

FULL NAME: _____ (RELATIONSHIP) _____

STREET NUMBER/ADDRESS: _____ PHONE NO. _____

CITY/STATE/ZIP: _____

WHO IS AUTHORIZED IN MY BEHALF (parent/legal guardian's signature) _____

I, _____ (name of participant) acknowledge that I desire to participate in the Zone After School Program, September 15, 2009 to June 3, 2010, which takes place at the Vineyard Community Center. My participation in any and all activities is voluntary and I agree to accept the risks of my participation, including all risk of personal injury or death.

In consideration for Vineyard Church of Columbus permitting me to participate in this event and all its activities and to use their facilities and equipment, I agree on behalf of myself and my personal representatives and their successors in interest (all hereafter referred to as "releasers" to release Vineyard Church of Columbus, it's officers, trustees, directors, employees and agents (hereafter referred to as "releasees") from all liability for any loss or damage and any claim for damages thereafter, on account of injury to my personal or property or death, whether caused by the negligence or releases or otherwise while I am participating in trip activities. I further agree to indemnify release and each of them from loss, liability, damage or cost releases may incur due to my participation and related activities, whether caused by the active or passive negligence or releases or otherwise.

I expressly agree that this release, waiver and indemnity agreement is intended to be broad and inclusive as permitted by the laws of the State of Ohio and that, if any portion of the agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have carefully read the above release and I know its contents. I am aware that this is a release of liability and I sign this voluntarily.

I release all officials and professional personnel from any claim whatsoever on account of first aid, treatment or service rendered to me during participation I these activities. This release contains the entire agreement between the parties. The terms of this release are contractual and not a mere recital.

I do hereby grant and give Vineyard the right to use my photograph or image (or the photograph or image of the participant for whom I am signing) with or without my/our names, both single and in conjunction with other persons or objects for any and all purposes including, but not limited to, private or public presentations, advertising, publicity and promotion relating hereto. I warrant that I have the right to authorize the foregoing uses and do hereby agree to hold Vineyard harmless of and from any and all liability of whatever nature, which may arise out of result of such uses.

SIGNATURE OF PARTICIPANT: _____

SIGNATURE OF PARENT OR GUARDIAN (IF PARTICIPANT IS A MINOR) CONSENTING TO A MINOR'S PARTICIPATION UNDER THE FOREGOING TERMS AND CONDITIONS:

_____ PHONE NO. _____

Travel Authorization Release

I authorize (list all children's names) :

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____

to travel with The Zone After School Program in a car, church van, or by public transportation. I understand that I will be contacted prior to each field trip.

Guardian Name: (please print):

Guardian Signature: