

Family & Community Services, Inc.

Community Center Registration

THIS FORM MUST BE COMPLETED FOR YOUR CHILD TO ATTEND

Child's Name _____ Age _____ Grade _____

Birth Date _____ Gender M _____ F _____

Address _____ Zip _____

Parent/Legal Guardian's Name _____

Address (if different from child) _____

Phone _____ Email _____

**BE SURE TO KEEP THE CENTER NOTIFIED OF CHANGES IN PHONE NUMBERS, ADDRESSES, AND
EMERGENCY CONTACTS
EMERGENCY/AUTHORIZED PICK UP (OTHER THAN PARENT/GUARDIAN)**

Name _____ Phone _____

Relationship to Child _____

Name _____ Phone _____

Relationship to Child _____

Food or Other Allergies _____

Medications _____

In consideration of Family & Community Services providing the sponsored activities and accepting enrollment of my son/daughter, I hereby release and discharge Family & Community Services its employees, agents, assistants, and volunteers from any and all claims, demands and liability whatsoever, including without limitation, loss or damage to personal property, personal injury, pain and suffering, and the consequences thereof which may hereafter be sustained as a result of the sponsored activities. Further, for the same consideration, I will hold harmless Family & Community Services, its employees, agents, assistants and volunteers from any and all claims and demands from third parties resulting from the negligence of my child.

Signature of Parent/Legal Guardian

Date