

FALL CLUBS



Fall After School Clubs are **FREE** and start the week of 9/8 and end the week of 10/19. Participants will be dismissed at 4pm from door #5 or sent to ASR if registered.

Clubs are for **3rd, 4th** and **5th** grade students. Complete the registration form on the back and return it to the Calvert Recreation Center by **9/2/15**.

CHECK THESE OUT!!!

Origami Club

Mondays with
the Calvert
Center Staff.
Maximum #: 15
Students

Wednesdays
with the Lincoln
Yoga Center
Staff.

Maximum #: 15
Students

Yoga Club

Pickleball Club

Wednesdays
with the Calvert
Center Staff.
Maximum #: 15
Students

Golf Club

Tuesdays with
the Jim Ager Golf
Course Staff.
Maximum #: 10
Students

Fridays with the
Woods Tennis
Center Staff.
Maximum #: 20
Students

Tennis Club



Student Name _____ Age _____ Grade _____

Please mark which club(s) you are registering for.

_____ Pickleball Club _____ Origami Club _____ Golf Club _____ Yoga Club _____ Tennis Club

How will your child leave at 4:00 pm, after their club ends? (please check one)

_____ Rec Center _____ Parent Pick-Up _____ Student Sign-Out

Legal Guardian Information:

First and Last Name: _____

Home Address _____

Mailing Address _____

Home Phone (_____) _____ - _____ Work Phone (_____) _____ - _____

Cell Phone (_____) _____ - _____ E-mail _____

Please list any other adults that have permission to pick up your child:

First and Last Name: _____

Contact Phone Number (_____) _____ - _____

First and Last Name: _____

Contact Phone Number (_____) _____ - _____

Permission Information (please mark your response)

YES NO I give staff permission to transport my child for the purpose of program activities.

YES NO I give my permission for staff to share and receive necessary information from all CLC Strategy partners to assist with providing the best program experience for my child.

YES NO I give permission for the CLC lead agency to arrange for emergency treatment and to contact our family health care provider if guardian is unable to be reached and it is necessary to preserve the health of my child(ren) until such time that I/we can be present. I understand that no guarantees have been made to me as to the effect of such treatment on my child's condition. If necessary, the program will arrange for emergency transportation to the nearest emergency medical facility.

Child's Physician: _____ Phone(_____) _____ - _____

YES NO My child has a medical condition which the staff should be made aware of. If yes, please request a medical information form from the Calvert Rec Center. This form must be completed and returned to complete the registration form.

By signing below I give permission for my child to participate in program activities. I understand that the CLC does not carry health and accident insurance for my child/youth, and that I as guardian will be primarily responsible in case of injury where bills are incurred. As the parent/guardian, I will work as a partner with staff to ensure my child is successful in the program. I understand that my child may be dismissed for failure to follow rules, failure to follow general operating procedures of the program. The information I have listed is correct to the best of my knowledge and I will notify the program staff of any changes to the information in a timely manner.

SIGNATURE OF PARENT AND/OR GUARDIAN

_____/_____/_____
DATE