

**21ST CENTURY CLASSROOM LEARNING CENTER
AFTER SCHOOL PROGRAM**

My child _____ has my permission to participate in the 21st CCLC After School Program sponsored by Clinch-Powell Educational Cooperative, Hancock County Board of Education, or any other agency representing the after school program. My child has my permission to participate in any or all activities associated with any event including recreation, music, art, dancing, drama, tutoring, etc. Realizing that the directors and teachers will take all normal care but that accidents and injuries can nonetheless occur during participation, I hereby waive any claim, action, cause of action or suit for damages or other remedies arising from any injury or injuries sustained by my child during participation in after school activities or travel to and from activities. I further release the directors, teachers, and assistants from liability for injuries and/or damages sustained by my child. I execute this waiver and release in consideration of Clinch-Powell Educational Cooperative, Hancock County Board of Education, and all after school staff allowing my child to participate. In case of an emergency illness or injury, I also give my consent to the program directors to secure emergency medical aid as quickly as possible at the nearest medical facility.

In case of an accident enroute to or from the event location or during the event, I agree to accept responsibility for the payment of all medical bills incurred.

I also agree to accept any financial responsibilities for damages to any vehicle, building, or furniture that has been caused by the above-mentioned child.

I give my consent to the sponsors of the 21st CCLC After School Program to use videos and/or photographs to display in photo albums, advertisements, social media and/or for other publicity purposes.

Hospitalization Insurance Carrier

Parent or guardian signature

Date

Grade your child is in this school year _____

(other side)

Please list any allergies or medical problems that we need to be aware of:

EMERGENCY PHONE NUMBER: (Please list three names and numbers).

EMERGENCY CONTACT PERSON	PHONE NUMBER
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_____	_____
_____	_____
_____	_____

Please specify instructions where your child will need to go after activities, who can/cannot pick up your child or any other unusual circumstances that we may need to be aware of. If instructions are not specified we can not be responsible for problems that occur. Students will not be allowed to leave the program until they sign out.