**21ST CENTURY CLASSROOM LEARNING CENTERS**

**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 tutoring, recreation, music, art, dancing, drama, technology, etc. Realizing that the directors and staff will take all normal care but that accidents and injuries can 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 staff 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 photographs and/or videos to display in photo albums, advertisements, social media and/or for other publicity purposes.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hospital Insurance Carrier**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent or guardian signature Date**

**Grade your child is in this year \_\_\_\_\_\_\_\_\_\_\_\_**

***(OTHER SIDE)***

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**EMERGENCY CONTACT PERSON PHONE NUMBER**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

* **THE 21ST CCLC AFTER SCHOOL PROGRAM SUPPORTS AN ABIDES BY THE HANCOCK COUNTY BOE RULES, GUIDELINES AND PROCEDURES. THE LINK TO THESE GUIDELINES CAN BE FOUND AT *hancockcountyschools.com***