

# 2024/25 BLAST Extended School Day Program Enrollment Form

Child's LAST Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Age \_\_\_\_\_ M/F \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_\_ Home Phone# \_\_\_\_\_

Enrolling Parent/Guardian \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_ Languages Spoken at Home \_\_\_\_\_

Local Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

**Please read the following carefully and acknowledge your agreement by *initialing each section.***

Liability Release/Waiver

(Initials)

- Poway Unified School District and the subcontractor provider agency do not maintain health insurance for injuries to the participant that may arise out of the involvement in this program.
- By virtue of participation, I, or my child (ren), may risk bodily injury and or other loss including damage to property. I knowingly and freely assume all such risk for myself and my child (ren).
- I release and hold harmless and will not hold legally responsible Blast 4 Kids, Poway Unified School District, its officers, agents, contractors, subcontractors, board members, or employees with respect to any and all such injury and or loss except that injury or loss which results from negligence or willful misconduct of one of the individuals or organizations.
- I agree to inform my child (ren) that he/she must follow all stated safety rules, as well as any others given during BLAST program activities.

Medical Release

(Initials)

- I hereby authorize and give my consent for emergency medical care to be given to the above named child (ren) while participating in the BLAST Extended School Day Program.

Program/Student Evaluation

(Initials)

- I hereby give my consent for the BLAST Extended School Day Program staff to discuss my child (ren)'s progress with school personnel and determine areas of need. Participation in program evaluation activities is voluntary and offering names is optional.

Parent Handbook

(Initials)

- I have received, read, and agree to abide by the policies and procedures included in the BLAST Extended School Day Parent Handbook. **(You may initial this after you have received your handbook)**

Photographic Release and PG Movie Approval

(Initials)

- I hereby consent to the photography, recording, and/or videotaping of me/my child (ren) for distribution, publication, and/or public broadcasting in order to promote the BLAST Program. I authorize the viewing of PG movies at Blast.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_