



Date Processed: _____
Processed by: _____

## Registration Form – 21<sup>st</sup> Century Program

### Participant Information:

First Name: _____	Last Name: _____	Nickname: _____
Date of Birth: _____ / _____ / _____	Age: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity: _____		
Participant's School: _____	Participant's Grade: _____	
Swimming Ability: 1 2 3 4 5 6 7 8 9 10 (0=Never Swam; 10=Excellent)		
Hobbies: _____		

### Household Information:

Participant lives with: <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Grandparents <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian
Parent/Guardian (1) Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Occupation: _____
Home Phone: _____ Cell Phone: _____ Other: _____
Parent/Guardian (2) Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Occupation: _____
Home Phone: _____ Cell Phone: _____ Other: _____
Is the current head of household... <input type="checkbox"/> Male <input type="checkbox"/> Female? ....a single parent? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Dismissal/Pick-Up Information:

My child has my permission to walk home unaccompanied from The Belle Center: <input type="checkbox"/> Yes <input type="checkbox"/> No
Individuals authorized to pick up child who are NOT the parents/guardians:
1. Name: _____ Relation: _____ Phone: _____
2. Name: _____ Relation: _____ Phone: _____

### Media Release

I understand and agree that photographs may be taken during recreation programs and that I hereby give permission to have my son's/daughter's phot taken and authorize the use and reproduction of said photos by The Belle Center. All negatives and prints shall become the sole property of The Belle Center.  Yes  No

**Medical Information:**

Does participant have health insurance?  Yes  No Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Name of Family/Child Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Does participant have any serious health issues?  Yes  No

Please Explain: \_\_\_\_\_

Does participant have any allergies?

Please Explain: \_\_\_\_\_

List reactions (if any): \_\_\_\_\_

Is participant taking any medications?  Yes  No

Medications: \_\_\_\_\_

Additional information about participant's behavioral, physical, emotional or mental health The Belle Center should be aware of: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Relationships: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Relationships: \_\_\_\_\_ Phone: \_\_\_\_\_

**Liability Waiver/Medical Treatment Consent:**

In consideration for my and/or my family members' participation in The Belle Center's program that I wish to register for, I voluntarily RELEASE Erie Regional Housing Development Corporation and the officers, agents, employees, and volunteers (hereinafter referred to as "releases") from any and all liability for injuries or death or property damage to me and/or my family members resulting from, arising out of, or in any way connected with my and/or any of my family member's participation in The Belle Center's recreation programs or use of The Belle Center's facilities in connection with this/these program(s). I understand that this waiver and release is applicable even through the negligent activities of the releases may have contributed to the injury or death or property damage suffered by me or any of family members participating in this/these program(s). I further agree to identify and hold harmless the releases from and against any and all liability, claims, causes of action, and/or losses of any nature or kind (including litigation-related expenses such as attorney and expert witness fees) resulting from participation in this/these program(s) whether caused by any neglect act or omission of the releases.

I further understand that serious accidents may occur in The Belle Center program(s) that I am registering for, that I am registering for, that participants in this/these program(s) may sustain mortal or serious personal injuries, and/or property damage, as a consequence of their participation in this/these program(s). Knowing the risk of said events, nevertheless, I hereby agree to assume those risks and to release and hold harmless to the fullest extent allowed by law all of those persons mentioned above who through passive or active negligence or carelessness might otherwise be liable to me for damages.

It is further understood and agreed that this waiver, release, hold harmless, and identification agreement is to be binding on me, any of my participating family members, and all of our heirs, representatives, and assigns.

I hereby authorize qualified physicians to render medical treatment of care that they deem necessary for me or my family members in case of illness or accident during such program(s). In the event of injury of a child participant, and if parent cannot be reached, emergency services and/or the Buffalo Fire Department will be contacted to transport the injured to a nearby local hospital.

**Field Trip Acknowledgement:**

I hereby grant permission for our son/daughter to participate and attend ALL of the Field Trips provided by and for The Belle Center. Permission slips will be completed prior to field trip.

**To access data from BPS and its Associates**

I hereby grant The Belle Center and its associates permission to access my child's records for the purpose of data collection, as required for continued funding of the program.

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_