



Date Processed:

Processed by:

Registration Fee:
DSS \$5
All Others \$15

Advantage Afterschool Program Registration Form

After-School (Age 5yrs. - 12yrs.)	
<input type="checkbox"/> Early Drop Off (7:00am-9:00am)	Check all that apply: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Snack
<input type="checkbox"/> After-School (2:30pm-6:00pm)	Days in Attendance: Please check all days that apply: __ Mon. __ Tues. __ Wed. __ Thurs. __ Fri.

Household Information 1:				
Please Check:	<input type="checkbox"/> BMHA Housing Resident	<input type="checkbox"/> Subsidized Housing Resident	<input type="checkbox"/> DSS	<input type="checkbox"/> Private Pay

Participant Information:	
First Name: _____	Last Name: _____ Nickname: _____
Date of Birth: _____/_____/_____	Age: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity: _____	Primary language: _____
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 2:				
Participant lives with:	<input type="checkbox"/> Mom	<input type="checkbox"/> Dad	<input type="checkbox"/> Grandparnets	<input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian
Parent/Guardian (1) 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: _____
3. 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 photo 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 Complete Registration:

1. Return Registration Form with Registration Fees - DSS-\$5, All others \$15: ERHDC-The Belle Center, 104 Maryland Street, Buffalo, NY 14201
2. I understand that this is a **Contract For Services**.
3. **Financial Information Release:** financial information will *only* be released to those who sign below. Anyone not named below will obtain information from those signed.

Parent/Guardian Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

Start Date: _____ Reg. Fee Pd: \$ _____ Check #: _____ Date Paid: _____