



2017 - 2018 After School Program
Hancock Park Elementary



Child's name: _____ Grade as of Aug. 2017: _____

Teacher's name: _____ Classroom: _____ Birthdate: _____ Gender: M | F

Parent/Guardian Name 1: _____

Day/Work Phone: _____ Cell Phone: _____ Home Phone: _____

Primary Address: _____

Email: _____

Parent/Guardian Name 2: _____

Day/Work Phone: _____ Cell Phone: _____ Home Phone: _____

Secondary Address (if applicable): _____

Email: _____

Emergency Contact Information

Name 1: _____ Relationship to child: _____

Day/Work Phone: _____ Cell Phone: _____

Name 2: _____ Relationship to child: _____

Day/Work Phone: _____ Cell Phone: _____

Approved Individuals For Pick-Up

Name _____ Phone: _____

Name _____ Phone: _____

Name _____ Phone: _____

Does your child have any physical activity restrictions? _____ YES _____ NO

Does your child have any allergies or dietary restrictions? _____ YES _____ NO

Will your children be required to take medication? _____ YES _____ NO

Doctor's Name: _____ Phone: _____

Credit Card Information: \$ _____ Authorized Amount

Credit Card Type: _____ Credit Card Number: _____ Cvv: _____ Exp: _____

Name as it appears on Card: _____

Billing Address: _____ City: _____

State: _____ Zip: _____ Signature: _____

You may also register online at www.GotGameCamp.com

Email paper applications to Admin@GotGameCamp.com or submit to the Got Game box in the main office

Name of Child: _____

Acknowledgements, Releases and Agreements - As the parent and legal guardian of the above named child, I understand, agree to and acknowledge the following:

A. My child will receive after school care from Got Game Sports from the time he/she is signed in to the program by a teacher or Got Game staff member until the time that an authorized person signs him/her out of the program. Got Game Sports will offer homework assistance, art and enrichment activities, and sports and recreation activities.

B. I hereby authorize the staff of Got Game Sports trained and certified in First Aid and CPR, to give my child necessary means of aid when appropriate. I understand that every effort will be made to contact myself and/or my spouse immediately following any incident requiring medical attention. If myself or my spouse cannot be reached, Got Game Sports will contact emergency contacts provided by Parent/Guardian. I authorize Got Game Sports to contact outside medical help in the event of an emergency, such as 911, and allow staff of Got Game Sports to act immediately for the safety of my child. I hereby authorize staff of Got Game Sports to transport my child to nearest medical care facility and to secure necessary care for my child should that be necessary.

C. I understand that with my child participating in any program such as this, potential risks are always involved, even through appropriate actions and safety measures to prevent such accidents. Therefore, by signing this waiver, I release Got Game Sports and its staff from any and all claims relating to injury or damages in connection with our program. I understand that Got Game Sports reserves the right to cancel or change programs or activities as listed in the itinerary when necessary. I agree to accept full responsibility, financial or otherwise, for the conduct of my child. In order to make each student's participation a fun, safe and rewarding experience, we hold high expectations for student attitude and behavior. I understand that there is no refund should my child be dismissed from the program for behavior or conduct deemed unsatisfactory or if, in the sole opinion of the director, a student's presence is not in the best interests of the program.

D. I acknowledge that upon admission I will receive and read the Got Game After School Parent Handbook, and review all of the additional rules and regulations pertaining to my child's participation in our program.

E. Payments are due every 20 school days, taking into account all holidays, pupil free days, and other school closures. The monthly fee is \$315 per 20 school days or \$30 daily. A 20% discount will be applied to each additional sibling. Full payment is automatically billed to the credit card provided. An active credit card number must be kept on file for all participants. I hereby give Got Game Sports **payment authorization** to charge my credit card on file for the monthly program fees as scheduled. If paying by check, payment is due on or before the indicated dates.

F. Enrollment dates and Payment schedule as follows (please select all that apply):

	ENROLLMENT SESSION	PAYMENT DUE
<input type="checkbox"/>	August 15 - September 13, 2017	August 14, 2017
<input type="checkbox"/>	September 14 - October 12, 2017	September 13, 2017
<input type="checkbox"/>	October 13 - November 9, 2017	October 12, 2017
<input type="checkbox"/>	November 13 - December 15, 2017	November 9, 2017
<input type="checkbox"/>	January 8 - February 5, 2018	January 7, 2018
<input type="checkbox"/>	February 6 - March 6, 2018	February 5, 2018
<input type="checkbox"/>	March 7 - April 11, 2018	March 6, 2018
<input type="checkbox"/>	April 12 - May 9, 2018	April 11, 2018
<input type="checkbox"/>	May 10 - June 7, 2018	May 9, 2018

G. Applicable fees due upon initial enrollment. There are no changes or adjustments in monthly program fees. Fees are due in full, regardless of child participation and/or attendance. Parent/guardian is responsible for all dues relating to the program. **Refund Policy:** Any requests to change or cancel any programs must be submitted in writing to Got Game Sports a minimum of two weeks prior to effective date. These requests can be submitted on site or emailed to Admin@GotGameCamp.com. After 5 days of non-payment, enrollment will be cancelled. If enrollment is cancelled within the first 2 week period of the active month, Got Game will prorate any and all fees not incurred. Refunds do not apply for part-time participants.

H. That per Department of Social Services (DSS), Community Care Licensing, Title 22, Section 101200, my child's file is available for review by DSS and representatives from these agencies may interview my child without prior parental/guardian permission. In addition Law Enforcement personnel may request the information listed in your file and may interview your child if necessary.

Parent/Legal Guardian Name:	Parent Signature:	Date:
Got Game Representative Name:	Got Game Representative Signature:	Date: