

BTS KIDS CLUB
Before & After School Program

Name _____

Birthdate _____ Age _____ Grade _____ School _____ Teacher _____

Street Address _____ City _____ Zip _____

Name of Parent or Guardians _____

Work Phone _____ Cell Phone _____ Email _____

Known Medical Problems /Allergies _____

In case of emergency and parent/guardian cannot be contacted, please contact the following:

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

Authorized to Pickup Student

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

Liability Release Form/Waiver of Right to Sue Legal Guardian or Parent Only

Release Agreement for Minor I, the undersigned, being the parent and/or legal guardian of _____, a student in the BTS Kids Club Before & After School Program 2021/2022 who is a minor, do hereby understand fully the risks associated with participating in this camp and in consideration of accepting my child for the BTS Kids Club Before & After School Program 2021/2022, do hereby release, discharge and/or otherwise indemnify, Beat The Streets(BTS) all it's administrators, staff, volunteers and associated personnel, against any claim by or on behalf of my child as a result of his/her participation in the BTS Kids Club Before & Afters School Program 2021/2022, including being transported to or from activities, games, field trips for which I gave authorization.

Consent for Medical Treatment – Minor

I, the undersigned, being the parent and/or legal guardian of _____, Do hereby give my consent for emergency Medical Care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent named above. You are acknowledging that you understand you are assuming any and all medical responsibility and liability for the child listed above in any and all activities related to BTS Kids Club Before & After School Program 2021/2022 participation. You are further stating and or agreeing that you are authorized assumes the afore-mentioned liability.

Print Name of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date

Please Circle a Program

Part Time (1 or 2 Days a Week) AM PM AM and PM

Full Time (3 Days or more a Week) AM PM AM and PM